Schedule E)		PAGE 1 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report	Amends report filed of	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination
		10 24 2014
Mailing Address 2565 Shire Circle		Amount
City State Zip	o Code	35.00
Harrisonburg VA 22		Transaction ID : 14880b7a-585f-4765-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	022.53 Disburs 2014	sement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Matt Gleb		10
Mailing Address 3815 Robin Road		Amount
City State Zi	p Code	17.00
Ayden NC 2	8513	Transaction ID: d50d6911-c953-4529-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 24 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	Disbur 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	•	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronical Signature	lly Filed] Date 10	25 / 2014

Schedule E)	W EXI END	HONES	+	PAGE 2 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Matt Gleb			10	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		6.00
Ayden	NC	28513		D: 74d77576-107e-4e74-a rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	<u></u>
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Dianna R Williams			10	24 2014
Mailing Address 1510 W Pawnee Apt 2103			Amount	24 2014
City	State	Zip Code		20.00
Wichita	KS	67213		: 44e04669-092b-4544-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	26.00
#N. -11			1 1 1	
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	45
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25	2014
- 3				

Schedule E)	NI EXI END	TOTILO		PAGE 3 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766			
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Dianna R Williams			M	of Public Distribution/Dissemination
Mailing Address 1510 W Pawnee Apt 2103			Amour	10 24 2014
City	State	Zin Codo		3.60
Wichita	KS	Zip Code 67213		action ID : fab301b9-203c-47af-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	10 24 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
James Kindstedt			М	10 24 2014
Mailing Address 5510 Dogwood Dr			Amour	
City	State	Zip Code	— Г	28.30
Winston Salem	NC	27105		ction ID : 180f8b39-ef59-41bb-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			31.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	25 2014
Signaturo				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O
Check if X 24-hour report 48-hour report X New report X Amends report fill	led on
Full Name of Payee James Kindstedt	Date of Public Distribution/Dissemination
	10 24 2014
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	7.35
Winston Salem NC 27105	Transaction ID: 210ecb80-9943-4aa5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Joanna Kindstedt	Date of Public Distribution/Dissemination
Joanna Kindstedt	10 24 2014
Mailing Address 2134 Tobaccoville Rd	Amount
City State Zip Code	28.30
Rural Hall NC 27045	Transaction ID: f2aa52e5-1213-46ae-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 2014
Name of Federal Candidate Support Of	ffice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	sbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	35.65
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	INT EXI END	ITOTILO		PAGE 5 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
David Ford			10	/ D D / Y Y Y Y Y Y 2014
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		47.50
Spindale	NC	28160		n ID: 434ef1b2-4955-432a-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
David Ford			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code		42.81
Spindale	NC	28160		ID: 42973006-ea51-431c-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ D D D / Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1057773.12	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			90.31
				7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	
(c) TOTAL Independent Expenditures			· •	p
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25	
- 3				

Schedule E)	LIVI EXI END	HONES	<u> </u>	PAGE 6 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Toni A Persinger-Buckler			M = M /	Distribution/Dissemination
Mailing Address 5330 Nestleway Dr			10 Amount	24 2014
City	State	Zin Codo		37.50
Clemmons	NC	Zip Code 27012		: 03139b72-d945-4a9e-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Toni A Persinger-Buckler			10	24 / 2014
Mailing Address 5330 Nestleway Dr			Amount	
City	State	Zip Code		8.70
Clemmons	NC	27012		c72c4d32-5950-407a-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			46.20
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
			4	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
Signaturo				

Schedule E)		TOTILO		PAGE 7 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC]	C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee William M Criswell			M	
Mailing Address 115 Burns Mitchell Drive			Amount	0 24 2014
City	State	Zin Codo		70.00
Belmont	NC	Zip Code 28012		ction ID : 3bcfdca0-09ca-4509-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	10	57773.12	Disbursement 2014 Oth	For: Primary
Full Name of Payee William M Criswell			М	Public Distribution/Dissemination M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 115 Burns Mitchell Drive			Amount	
City	State	Zip Code		8.40
Belmont	NC	28012		tion ID : c7998375-f587-4308-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1057773.12	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			78.40
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 / 2014

Schedule E)	LIVI EXI END	ITOTILO		PAGE 8 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Ronald W Ryckman			Date of F	Public Distribution/Dissemination
Mailing Address 503 N Cedar St			10	
			Amount	
City	State	Zip Code		50.00
Meade	KS	67864		ion ID : e43e4a10-5112-4124-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	181022.53	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of F	Public Distribution/Dissemination
Ronald W Ryckman			M 10	
Mailing Address 503 N Cedar St			Amount	
City	State	Zip Code		25.80
Meade	KS	67864	I	on ID : 38d656da-870b-4166-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	181022.53	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expend	litures			75.80
(a) 20210112 of normal masperson 2/point				7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	47. 1 47. 1 47.
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	25 2014
5.g.iataro				

Schedule E)	TI EXI EITE			PAGE 9 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Judith A Murphy			Date of Public	Distribution/Dissemination
Mailing Address PO Box 37			Amount	24 2014
City	State	Zip Code		53.00
East Bend	NC	27018		D: 2efed971-cd52-407b-b
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Claud B Murphy JR	_		M = M /	Distribution/Dissemination
Mailing Address PO Box 37			Amount	24 2014
City	State	Zip Code		55.00
East Bend	NC	27018		: bdbce9dd-de1b-4981-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1057773.12	Disbursement For: 2014 Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		·	108.00
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014

Schedule E)	1 6741 6142			PAGE 10 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Claud B Murphy JR			Date of	Public Distribution/Dissemination
Mailing Address PO Box 37			1	0 24 7 2014
Maining Address PO Box 37			Amount	
City	State	Zip Code		12.90
East Bend	NC	27018		ction ID: 09fcbfc5-ce3d-4333-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1	0 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement 2014 Oth	For: Primary General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Noah J Smith			М	M / D D / Y Y Y Y
Mailing Address 41174 Bertville Rd				0 24 2014
Mailing Address 41174 Bertville Rd			Amount	
City	State	Zip Code		30.00
Gonzales	LA	70737	Transac Date of	tion ID : 7abc17ac-0712-435c-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	0 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement 2014 Oth	For: Primary X General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	s		>	42.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		25 2014
Signature				

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Barbara E Spritz	10 24 2014
	Mailing Address 3346 Durham St Ext	Amount
	City State Zip Code	20.00
	Burlington NC 27217	Transaction ID : 84628cdb-8e12-4d53-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	
		U Other (specify) ▶
	Full Name of Payee Barbara E Spritz	Date of Public Distribution/Dissemination
	Mailing Address 3346 Durham St Ext	10 24 2014 Amount
	City State Zip Code	3.30
	Burlington NC 27217	Transaction ID : 22e85858-87ae-4cfc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type O02	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	23.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(7) (1) 7) 11	10 25 2014
	Signature	

PAGE 11

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Cecilia B Johnson	10 24 2014
Mailing Address 638 Sawyer Rd	mount
City State Zip Code	20.00
Hays NC 28635 Tra	ansaction ID: d5071016-535c-45fa-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 24 7 2014
Name of Federal Candidate Support Office Soil	ought: House District: 00
Mc Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Cecilia B Johnson	ate of Public Distribution/Dissemination
Mailing Address 638 Sawyer Rd	10 24 2014 mount
City State Zip Code	3.00
Hays NC 28635 Trai	insaction ID: 1081ed76-016f-4809-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Pre	esident State: NC
	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	23.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y 25 2014
Signature	

PAGE 12

OF

Schedule E)	INT EXI END	ITOTILO		PAGE 13 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Joshua J Huffman			Date of Pu	ublic Distribution/Dissemination
Mailing Address 211 Dixie Ave			10	24 2014
			Amount	
City	State	Zip Code		35.00
Harrisonburg	VA	22801		on ID : c82aaef9-05a3-4067-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	- T	181022.53	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Samantha S Johnson			10	24 2014
Mailing Address 638 Sawyer Rd			Amount	
City	State	Zip Code		22.50
Hays	NC	28635		n ID : 342f908f-1abe-4cbb-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	/ 24 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1057773.12	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	57.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(,, ===================================				7 7 7
(c) TOTAL Independent Expenditures			·	7 7 7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 2014
3.9				

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Zachary R McCleese		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 323 Rolling Pines Dr	Ar	nount
City	tate Zip Code	40.00
	NC 28390 Tr .	ansaction ID: 435a4ad9-e387-40bb-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 24 2014
Name of Federal Candidate	Support Office So	nught: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	197482.92 Disburser 2014	ment For:
Full Name of Payee Zachary R McCleese Mailing Address 323 Rolling Pines Dr		ate of Public Distribution/Dissemination
	Ar	mount
l '	tate Zip Code	23.40
		Insaction ID: 8bc17440-39fc-4d4d-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 24 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Mr. Mark L Pryor	Oppose Pre	esident State: AR State:
Calendar Year-To-Date Per Election for Office Sought	197482.92 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	63.40
(b) SUBTOTAL of Unitemized Independent Expenditures	š	
(c) TOTAL Independent Expenditures	······	1 4 1 4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE

OF

WAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766	I NUMBER ▼
C C00530766	
Check if Z 24-hour report 48-hour report X New report Amends report filed on	Y Y Y Y Y
Full Name of Payee Date of Public Distribution/Dis	ssemination
Anselma A Trinidad	2014
Mailing Address 7915 Curtina Ln Amount	
City State Zip Code	80.00
Lewisville NC 27023 Transaction ID : a7edb2a9-1 Date of Disbursement or Obli	2b6-4c5a-b
Purpose of Expanditure	2014
Name of Federal Candidate Support Office Sought: House Dis	strict: 00
Ms Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 2014	X General
Other (specify) ►	
Full Name of Payee Gabriela P Sosa Date of Public Distribution/Distr	Y = Y = Y
Mailing Address 2530 Brook Stone Dr Amount	2014
City State Zip Code	15.00
Clemmons NC 27012 Transaction ID : e2006baa-53 Date of Disbursement or Obl	Bae-4099-a
Purpose of Expenditure Mileage Category/ Type O02 10 24	2014
Name of Federal Candidate Support Office Sought: House Dis	strict: 00
Ms. Kay Hagan Oppose President Senate S	State: NC
Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary 2014 Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is nearly committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 25 2014	Y
Signature	

PAGE 15

OF

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Francesca Blom	10 24 7 2014
	Mailing Address 101 Asbury Ct	Amount
	City State Zip Code	60.00
	Winchester VA 22602	Transaction ID : 30304717-caf3-4491-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	404000 50	rsement For: Primary X General
	Per Election for Office Sought 181022.53 2014	Other (specify)
	Full Name of Payee Alisha A Hauser	Date of Public Distribution/Dissemination
	Mailing Address 199 Raven Circle	10 24 2014 Amount
	City State Zip Code Wilkesboro NC 28697	57.50 Transaction ID : 20a1ac8a-fde0-45bb-a
	Purnosa of Evnanditura	Date of Disbursement or Obligation
	Salary Category/ Type 001	10 24 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbt 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	117.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7) 11	0 25 2014
	Signature	

PAGE 16

OF

Schedule E)	TI EXI END	ITORES		PAGE 17 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Alisha A Hauser			M = M /	Distribution/Dissemination
Mailing Address 199 Raven Circle			Amount	24 2014
City	State	Zin Codo		19.95
Wilkesboro	NC	Zip Code 28697		D: 6cea68f7-95eb-4376-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	: Distribution/Dissemination
Fedex Office			10	24 / 2014
Mailing Address 2303 S MacArthur Drive			Amount	
City	State	Zip Code		112.82
Alexandria	LA	71301		: 417c7896-8060-45bf-b rsement or Obligation
Purpose of Expenditure Canvass Recruitement Flyers		Category/ Type 004	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	208652.63	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			132.77
(b) SUBTOTAL of Unitemized Independent Expend	itures			
			-	1 1/25
(c) TOTAL Independent Expenditures			•	47.
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
5.g/\ddi(d)				

oulcaule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	10 24 2014
Mailing Address 3751 N Jeanette Ave	unt
City State Zip Code	40.00
	saction ID: c24f3c60-9e5a-490f-a of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District: 00
Mr. Greg Orman Presid	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	
	Other (specify)
Christine R McDonald	of Public Distribution/Dissemination
Mailing Address 3751 N Jeanette Ave Amo	10 24 2014 ount
City State Zip Code	18.30
Wichita KS 67204 Trans	saction ID: 0975fdf2-6d46-4443-9 of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 7 2014
Name of Federal Candidate Support Office Soug	ht: House District: 00
Mr. Greg Orman Oppose Presid	dent State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	58.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	25 2014
Signature	

PAGE 18

OF

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Edmond D Rea	10 24 2014
Mailing Address 416 Vine Dr	ount
City State Zip Code	45.00
Lawrence KS 66049 Tra	nsaction ID : bfcda8ca-6f4e-469b-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 24 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Greg Orman Pres	sident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
Full Name of Payee Date	te of Public Distribution/Dissemination
Editiona D Rea	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr	ount
City State Zip Code	4.92
	nsaction ID: ed75aeac-95a5-4dd3-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	49.92
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 19

OF

Schedule E)	INT EXTEND	ITOTILO		PAGE 20 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Leona Martin			10	/ D D / Y Y Y Y Y Y 2014
Mailing Address 9901 Floyd St			Amount	
City	State	Zip Code		30.00
Overland Park	KS	66212		on ID: 6bc8fb73-93a4-411a-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		181022.53	Disbursement For 2014 Other	: Primary X General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Leona Martin			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9901 Floyd St			Amount	
City	State	Zip Code		7.80
Overland Park	KS	66212		ID: 59a436a9-2e1a-4724-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 ^M	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		181022.53	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendi	tures			37.80
.,				7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	7-1-2-1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	
Ŭ				

Schedule E)	IVI EXI END	ITOTILO		PAGE 21 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
ERIC TABÁRY				0 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	1
City	State	Zip Code		30.00
METAIRIE	LA	70003		ction ID : 40156f5a-a766-4cf5-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Cecilla A Rebrick				10 24 2014
Mailing Address 5003 Allison Lane			Amoun	
City Ft. Smith	State AR	Zip Code 72901		50.00 tion ID : 1b913520-48ad-4515-b
Purpose of Expenditure Salary		Category/ Type 001	M	Disbursement or Obligation O 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) CURTOTAL of bassined ledge and at Europe dist				20.00
(a) SUBTOTAL of Itemized Independent Expenditu	ires		•	80.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	25 2014
· ·				

Schedule E)	LIVI EXI END	HONES		PAGE 22 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Cecilla A Rebrick			10	24 2014
Mailing Address 5003 Allison Lane			Amount	
City	State	Zip Code		1.50
Ft. Smith	AR	72901		ID: e7bc5432-6fff-465d-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	197482.92	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Laura U Logie			10	/ D D / Y Y Y Y Y 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		50.00
Harrisonburg	VA	22801		D: 9d6ea8b5-1f2c-4120-b oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	.,,	181022.53	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	ituros			51.50
(a) SUBTUTAL OF REMIZED INDEPENDENT EXPEND	itures			31.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
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Schedule E)	INT EXI END	TTOTILO		PAGE 23 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Eva M Johnston			10	24 2014
Mailing Address 2517 N 47th St			Amount	
City	State	Zip Code		50.00
Milwaukee	WI	53210		ID: 2f2f5d9b-9c32-4309-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	181022.53	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Virginia T Grant			M M M 10	24 2014
Mailing Address 134 Shore Crest Circle			10	24 2014
10 / Glidie Gledt Silvie			Amount	
City	State	Zip Code		50.00
Carrire	MS	39426		D: 4b756e0f-6724-439a-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 ^M	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President [Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· , · · · ,	208652.63	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	100.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		• •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
Oignature				

Schedule E)	HONES	PAGE 24 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New rep	port Amends report	filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination
Mailing Address 134 Shore Crest Circle		10 24 2014 Amount
City State	Zip Code	12.60
Carrire MS	39426	Transaction ID : d233e6dd-e292-44c1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 24 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Amanda Boley		10 24 2014
Mailing Address Split Oak Drive		
		Amount
City State	Zip Code	64.50
charlotte NC	28227	Transaction ID: 972633d5-7ef9-4374-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 24 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2014 Other (specify) ▶
_		
(a) SUBTOTAL of Itemized Independent Expenditures		77.10
(b) SUBTOTAL of Unitemized Independent Expenditures		>
(c) TOTAL Independent Expenditures		•
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	nically Filed] Date	10 25 2014
Signature		

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	port New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Amanda Boley				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amo	unt
City	State	Zip Code	 [-	14.94
charlotte	NC	28227		saction ID : c279ed5a-1b80-4136-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	2	08652.63	Disburseme	
Edi Nama of Passa				Other (specify)
Full Name of Payee Rachel L Anzalone			Date	of Public Distribution/Dissemination
Mailing Address 2319 West Oak			Amo	
City	State	Zip Code		20.00
El Dorado	AR	71730		saction ID: 5035cf91-7518-4745-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 2014
Name of Federal Candidate		Support	Office Sou	ght: House District: 00
Mr. Mark L Pryor		X Oppose	Presi	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	34.94
(b) SUBTOTAL of Unitemized Independent E	Expenditures		·· • [171171151
(c) TOTAL Independent Expenditures			··· •	17117117
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Dat	e 10	25 2014
Signature				

PAGE

25

OF

Schedule E)	•	PAGE 26 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report	mends report filed on	W = M / D = D / Y = Y = Y
Full Name of Payee Rachel L Anzalone	_	of Public Distribution/Dissemination
Mailing Address 2319 West Oak	Amou	10 24 2014
C'tata Zin Coda		2.00
City State Zip Code El Dorado AR 71730		3.90 saction ID : a41f4ebc-e710-4895-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Category Typ	// 002	10 24 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2014	nt For: Primary
Full Name of Payee Edward N Walker	_	of Public Distribution/Dissemination
Mailing Address 3 Girard St	Amo	10 24 2014 unt
City State Zip Code		50.00
Ft Smith AR 72901		action ID: 78530c10-9049-4b97-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category Typ		10 / 24 / 2014
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.92 Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	>	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures		7 1 7 1 7
(c) TOTAL Independent Expenditures	· [7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed	Date 10	25 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Signature		

Schedule E)	ON INDEFENDER	TI EXI END	TOTILO		PAGE 27 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak (Out PAC				C C00530766
Check if X 24-hour re	port 48-hour report	New rep	ort Amends r	eport filed	on Mam / Dab / Yayayay
Full Name of Payee Edward N Wa					Date of Public Distribution/Dissemination
Mailing Address 3 (Sirard St				10 24 2014 Amount
City		State	Zin Codo		33.60
Ft Smith		AR	Zip Code 72901		Transaction ID : 37f79bf1-1693-4552-8 Date of Disbursement or Obligation
Purpose of Expendit Mileage	ture		Category/ Type 0	02	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Ca	ndidate		Support	t Office	e Sought: House District: 00
Mr. Mark L Pryor			X Oppose		President Senate State: AR
Calendar Year-1 Per Election for		, , ,	97482.92	Disbu 2014	orsement For: Primary General Other (specify) ▶
Full Name of Payee William T Horr		_			Date of Public Distribution/Dissemination
Mailing Address	5 Bergerac St				10 24 2014 Amount
City		State	Zip Code		20.00
Little Rock		AR	72211		Transaction ID : a6636d63-2013-4af7-8 Date of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 00	01	10 24 7 2014
Name of Federal Ca	andidate		Suppor	t Office	e Sought: House District: 00
Mr. Mark L Pryor			X Oppose		President Senate State: AR
Calendar Year- Per Election fo		7 7	197482.92	Disbu 2014	ursement For:
(a) SUBTOTAL of Ite	emized Independent Expenditu	es		····· •	53.60
(b) SUBTOTAL of Ur	nitemized Independent Expend	itures		······ •	
(c) TOTAL Independent	ent Expenditures			······ >	7
with, or at the reques		ate or authorized			ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
Ms. Emil	y Buchanan	[Electron	ically Filed]	Date 1	0 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	I EXI END	HONEO		PAGE 28 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name of Payee William T Horn				of Public Distribution/Dissemination
Mailing Address 5 Bergerac St			Amour	10 24 2014
City	State	Zip Code	— r	7.50
Little Rock	AR	72211		action ID: b98ed813-44d2-451a-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	10 24 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement 2014 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Sue G Walker			M	10 24 2014
Mailing Address 3 Girard				لىنىا لىا ك
			Amou	nt
City	State	Zip Code		85.00
Fort Smith	AR	72901		ction ID : 24d92f6b-f5e7-4efa-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	s		▶	92.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		··· •	
(c) TOTAL Independent Expenditures				7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	25 2014
Signature				

Schedule E)	LIVI EXI END	ITORES		PAGE 29 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Sue G Walker			10	24 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		63.90
Fort Smith	AR	72901		ID: 01ec0a1b-3cf5-40be-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	197482.92	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Ashley n Thompson			M = M	/ D D / Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6			10	24 2014
2/2 Wesigate of Apt 0			Amount	
City	State	Zip Code		30.00
Lexington Purpose of Expenditure	NC	27295		D: 4752304a-e454-4f56-9 ursement or Obligation
Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	93.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	4
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeprivation of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
•				

outcadic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ashley n Thompson	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 272 Westgate Ct Apt 6	Amount
City State Zip Code	13.50
Lexington NC 27295	Transaction ID: cec0ba8c-666f-499a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Odichadi Todi To Bato	Disbursement For: Primary
Full Name of Payee Randy G Lookabill Mailing Address 200 Carawood Lane	Date of Public Distribution/Dissemination 10 24 2014
200 0010/1000 2010	Amount
City State Zip Code	67.50
Lexington NC 27295	Transaction ID: ee7993cb-93fd-4fb8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type O01	10 24 Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 1057773.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 25 2014
Signature	

PAGE 30

OF

Schedule E)	LIVI EXI END	ITORES	PAGE 31 FOR SE OF	OF 144 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	N NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	Y
Full Name of Payee Randy G Lookabill			Date of Public Distribution/I	Dissemination
Mailing Address 200 Carawood Lane			10 24 Amount	2014
City Lexington	State NC	Zip Code 27295	Transaction ID : edafa962-	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or O	bligation 2014
Name of Federal Candidate		Support	Office Sought: House [District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	X General
Full Name of Payee Sharon t Craig			Date of Public Distribution/	Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount 24	2014
City	State	Zip Code		50.00
Lenoir	NC	28645	Transaction ID : efa416c3-e Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	10 / 24	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	1057773.12	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	66.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
			4 4	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25 2014	
S.g. accio				

Schedule E)	IN EXILID	TIONES	<u> </u>	PAGE 32 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Sharon t Craig			Date of Public	Distribution/Dissemination
Mailing Address 1410 Bushville Dr			10	24 2014
			Amount	
City	State	Zip Code		17.10
Lenoir	NC	28645		9 : 0c8173aa-7919-4f35-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeffrey S Hauge			10	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 N Ashley Park			Amount	
City	State	Zip Code		40.00
Wichita	KS	67212		: 0bf4a7be-ac9d-4716-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	181022.53	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			57.10
,,				7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
Signature				

		F	OR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDEN	NTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C co	00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M /	D = D / Y = Y = Y
T	Full Name of Payee Jeffrey S Hauge	Date of Public D	Distribution/Dissemination
		10 /	24 2014
	Mailing Address 211 N Ashley Park	Amount	
ı	City State Zip Code		3.90
	Wichita KS 67212	Transaction ID : Date of Disburse	: 0565ca54-d177-406d-a ement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	24 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Other (speci	Primary ☐ General
	Full Name of Payee Bethlehem R Romm Mailing Address 2609 Bluestrem Dr		Distribution/Dissemination 24 2014
			22.22
	City State Zip Code Lawrence KS 66047	Transaction ID :	33.00 14398c56-6b31-4384-b
	Purpose of Evpanditure	Date of Disburse	ement or Obligation
	Salary Category/ Type 001	10	24 / 2014
	Name of Federal Candidate Support Office	Sought:	House District:00
	Mr. Greg Orman Oppose	President X	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Other (spec	Primary
((a) SUBTOTAL of Itemized Independent Expenditures	7	36.90
((b) SUBTOTAL of Unitemized Independent Expenditures	7	
((c) TOTAL Independent Expenditures	4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D /	2014
	Signature		

PAGE

33

OF

Schedule E)	IN EXILIND	ITOTILO		PAGE 34 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Bethlehem R Romm			M	
Mailing Address 2609 Bluestrem Dr			Amount	24 2014
City	State	Zin Codo		9.90
Lawrence	KS	Zip Code 66047		tion ID : 5fe15144-0c86-4bc0-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , ,	181022.53	Disbursement F 2014 Othe	or: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Dylan J Sparks			10	
Mailing Address 915 East Market Ave			Amount	
City	State	Zip Code		80.00
Searcy	AR	72149		on ID : b119e7a2-491e-4a0f-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		,	89.90
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7 7
				4 4
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.6	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3				

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Dat	e of Public Distribution/Dissemination
Dylan J Sparks		10 24 2014
Mailing Address 915 East Market Ave	Am	ount
City	ate Zip Code	63.00
Searcy	R 72149 Tra	nsaction ID : 1e3907de-8b22-4a0d-b e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	∑ Oppose	ident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	197482.92 Disbursem 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee Brittany Jones Mailing Address 338 Wayne Drive	Dat	te of Public Distribution/Dissemination
Mailing Address 338 Wayne Drive	Am	ount
City	ate Zip Code	40.00
		saction ID: d7e21af7-32a0-48b4-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 24 2014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Mary L Landrieu	Oppose Pres	sident State: LA State:
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	▶	103.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE

35

OF

Sch	nedule E)	L/(1 L.(12.	101120				PAGE 36 OF 144 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report 48-hour report	New repo	ort Arr	nends repc	ort filed on	M = M	/ D = D / Y = Y = Y
T	Full Name of Payee Chelsea E Cornett					м – м	c Distribution/Dissemination
1	Mailing Address 6279 Marathon Edenton Rd				Amo	10 unt	24 2014
	City S	State	Zip Code				50.00
	Blanchester	OH	45107				ID: dd61dc0c-f6ff-4c44-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 10	24 2014
Ī	Name of Federal Candidate		<u> </u>	Support	Office Soug	ht:	House District:00
	Mr. Mark L Pryor			Oppose	Presid	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	197482.92		Disburseme 2014	nt For: Other (sp	Primary
	Full Name of Payee Ceslie A Benner				Date	of Publi	ic Distribution/Dissemination
	Mailing Address 2081 Knob Hill Rd				Amo		بينا لنتا
	City	State	Zip Code				50.00
	Azle	TX	76020				D: 20bf47bd-9447-4df7-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	$\Box \mid \Box$	10 n	24 2014
	Name of Federal Candidate			Support	Office Soug	jht:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Presid	•	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		197482.9	2	Disburseme 2014		Primary X General
(a	a) SUBTOTAL of Itemized Independent Expenditures.				- <u>-</u>	1 7	100.00
(k	b) SUBTOTAL of Unitemized Independent Expenditure	es			- -		
(0	c) TOTAL Independent Expenditures				· ·		
W	Inder penalty of perjury I certify that the independent ith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 10	25	2014
	Signature						

Sch	edule E)	M 1411-141-1					PAGE 37 OF 144 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Checl	k if X 24-hour report 48-hour report	New repo	ort Arr	nends repo	ort filed on	M = M	/ D D / Y D Y D Y
TF	Full Name of Payee Ceslie A Benner				Date	M = M	ic Distribution/Dissemination
N	Mailing Address 2081 Knob Hill Rd				Amo	10 ount	24 2014
	Dity State		Zip Code				33.60
- 1	Azle TX		76020				ID: 6dd811e5-6bd3-43f5-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 10	24 2014
N	lame of Federal Candidate		<u> </u>	Support	Office Soug	ıht:	House District: 00
N	Mr. Mark L Pryor			Oppose	Presi	·	X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	1	197482.92		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee Michael A Stieben				Date	M = M	ic Distribution/Dissemination
N	Mailing Address 16864 Stillwell				Amo	10	24 2014
	Dity State		Zip Code				35.00
	Bonner Springs KS		66012				D: 7c0105b3-9ac4-4b49-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		10 ^M	24 2014
Ν	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
N	Mr. Greg Orman			Oppose	Presi		Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought		181022.5	3	Disburseme 2014	ent For: Other (sp	Primary X General
(a)) SUBTOTAL of Itemized Independent Expenditures				•		68.60
(b)) SUBTOTAL of Unitemized Independent Expenditures				· • [1 7	1 1 4 1 1 4 1
(c)) TOTAL Independent Expenditures				· [
wit	nder penalty of perjury I certify that the independent exp th, or at the request or suggestion of, any candidate or a rty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M	25	2014
	Signature						

		FOR SE OF FORM 24	1/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUME	BER ▼
۷۷	omen Speak Out PAC	C C00530766	
Che	ck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yaya	Y Y
T	Full Name of Payee Michael A Stichen	Date of Public Distribution/Dissemina	ation
	Michael A Stieben	10 24 201	
	Mailing Address 16864 Stillwell	Amount	
ŀ	City State Zip Code	1	4.10
	Bonner Springs KS 66012	Transaction ID: ff9df089-b4de-4c4 Date of Disbursement or Obligation	7-a
	Purpose of Expenditure Mileage Category/ Type 002		4
ľ	Name of Federal Candidate Support Office	Sought: House District: _	00
	Mr. Greg Orman Oppose	President X Senate State: _	KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Primary X G Other (specify) ▶	eneral
ľ	Full Name of Payee Julia Perry		Y Y
-	Mailing Address 2046 Perrin St Apt C	10 24 201 Amount	4
ŀ	City State Zip Code	90	.00
	Shreveport LA 71101	Fransaction ID: a46e7e66-6950-44d Date of Disbursement or Obligation	3-a
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 201	
ľ	Name of Federal Candidate Support Office	Sought: House District:	00
	Ms. Mary L Landrieu	President State: _	LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 208652.63	sement For: Primary X G Other (specify) ▶	eneral
(a) SUBTOTAL of Itemized Independent Expenditures	104.1	0
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures		
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not maxith, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Oignaturo ————————————————————————————————————		

PAGE

38

OF

Schedule E)		101123		PAGE 39 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	M / D D / Y Y Y Y Y
Full Name of Payee Carol L Walters			M	Public Distribution/Dissemination
Mailing Address 1900 Glen West Way			Amoun	10 24 2014 t
City S	State 2	Zip Code		90.00
		72916		ction ID: 8d4facca-34ce-41d0-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 2014
Name of Federal Candidate	<u> </u>	Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	19	97482.92	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Carol L Walters			M	f Public Distribution/Dissemination
Mailing Address 1900 Glen West Way			Amoun	لىنىا لىا ك
City	State	Zip Code		6.30
	AR	72916	Transac Date of	tion ID : 7d577b30-c4db-4fa8-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		0 24 2014
Name of Federal Candidate		Support	Office Sought	House District: 00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement 2014 Otl	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· [96.30
(b) SUBTOTAL of Unitemized Independent Expenditure	9S		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y Y Y Y Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	Kendyl H Browder		10 ^M	/ 24	2014
	Mailing Address 4429 Lagan Circle	Amour	nt		
ŀ	City State Zip Code				30.00
	Winterville NC 28590			n ID: f8cb4d30 bursement or 0	-657e-4a88-8
	Purpose of Expenditure Salary Category/ Type 001		10 M	24	2014
f	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside		Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ırsement			General
ŀ	Full Name of Payee Sommer E Cox			specify) ►	/Dissemination
		М	10 ^M	/ D D /	2014
	Mailing Address 1519 Walshtown Rd	Amour	nt		
-	City State Zip Code				67.70
	Boomer NC 28606			ID: f5580a5d- bursement or 0	
	Purpose of Expenditure Salary Category/ Type 001	M	10 ^M	/ D D /	2014
ľ	Name of Federal Candidate Support Office	e Sought	t:	House	District: 00
		Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
(a) SUBTOTAL of Itemized Independent Expenditures		-	7	97.70
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date		25		4
	Signature				
		1		1	

PAGE 40

OF

Schedule E)	LIVI LXI LIV	TIONES		PAGE 41 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Sommer E Cox			10	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1519 Walshtown Rd			Amount	
City	State	Zip Code		8.10
Boomer	NC	28606		D: 3aff5d12-f7f7-43e5-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, 1	057773.12	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Michael D English			M = M /	24 / 2014
Mailing Address F4 Benton Ave Apt 4			Amount	
City	State	Zip Code		60.00
Searcy	AR	72149		: 02bfc4f6-81e6-49c1-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			68.10
			7	4
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
•				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00030700
Check if 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Michael D English	10 24 2014
Mailing Address F4 Benton Ave Apt 4	Amount
City State Zip Code	28.20
Searcy AR 72149	Transaction ID : 606910d5-348a-4b10-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 / 24 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disl 201	oursement For: Primary General Other (specify)
Full Name of Payee Jerome M Weil	Date of Public Distribution/Dissemination
Mailing Address	10 24 2014
Mailing Address 101 Durham Drive	Amount
City State Zip Code	30.00
Lafayette LA 70508	Transaction ID : 615b2158-35b1-4e4a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 24 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 208652.63	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	58.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 25 2014
Signature	

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jerome M Weil	10 24 2014
	Mailing Address 101 Durham Drive	Amount
	City State Zip Code	7.50
	Lafayette LA 70508	Transaction ID : 0efa31ca-9955-4b5c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary General Other (specify)
	Full Name of Payee Regina R Mouton Mailing Address 5827 Brighton PI	Date of Public Distribution/Dissemination M M J J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code	20.00
	,	Transaction ID : 41a4d55b-1048-424c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63	rsement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	27.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	77. 17.
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	0 25 2014
	Oigilatule	

PAGE 43

OF

Schedule E)	II EXI END	TOTILO		PAGE 44 OF 144 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼	
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee Regina R Mouton			Date of Pu	ublic Distribution/Dissemination	
Mailing Address 5827 Brighton Pl			10	24 2014	
			Amount		
City	State	Zip Code		3.00	
New Orleans	LA	70131		on ID: 112f34d9-68b6-47c5-b sbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10		
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	2	208652.63	Disbursement For 2014 Other	r: Primary	
Full Name of Payee	_		Date of Pu	ublic Distribution/Dissemination	
Ryan Drake			10	/ D D / Y Y Y Y Y Y 2014	
Mailing Address 29637 Park St			Amount		
City	State	Zip Code		40.00	
Walker	LA	70785		n ID: 83255f3d-5455-4c1f-8 isbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	, , ,	208652.63	Disbursement For 2014 Other	r: Primary X General (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditur	es			43.00	
				7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	7	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7 1	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 2		
9					

Schedule E)	TI EXI END	TOTILO		PAGE 45 OF 144 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	vomen Speak Out PAC				
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y	
Full Name of Payee			Date of	Public Distribution/Dissemination	
Ryan Drake				10 24 2014	
Mailing Address 29637 Park St			Amoun	t	
City	State	Zip Code		3.30	
Walker	LA	70785		ction ID: 7aa6fb17-69e0-4cd2-a f Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		10 24 Y 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶	
Full Name of Payee			Date of	f Public Distribution/Dissemination	
David Podbielski				10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 137 Cove PI			Amoun	t	
City	State	Zip Code		30.80	
Moravian Falls	NC	28654		tion ID: 644954d1-f725-4113-b f Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		10 24 7 2014	
Name of Federal Candidate		Support	Office Sought:	: House District: 00	
Ms. Kay Hagan		X Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	7 7	1057773.12	Disbursement 2014 Ott	For: Primary X General her (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditu	res			34.10	
				7 7 7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•		
(c) TOTAL Independent Expenditures			•	7 7 7	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- 9					

Schedule E)	INT EXI END	TTOTILO		PAGE 46 OF 144 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼	
Women Speak Out PAC	women Speak Out PAC				
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y	
Full Name of Payee David Podbielski			Date of Publ	ic Distribution/Dissemination	
Mailing Address 137 Cove PI			10	24 2014	
			Amount		
City	State	Zip Code		7.50	
Moravian Falls	NC	28654		ID: 038aa2b1-8e62-420d-b ursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (s	Primary ☐ General	
Full Name of Payee			Date of Publ	ic Distribution/Dissemination	
Amelia Cox			10	/ D D / Y Y Y Y Y 2014	
Mailing Address 1519 Walshtown Rd			Amount		
City	State	Zip Code		30.80	
Boomer	NC	28606		D: 89fcb8d0-cc37-4701-a oursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Ms. Kay Hagan		X Oppose	President	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	9 9	1057773.12	Disbursement For: 2014 Other (s	Primary X General pecify) ▶	
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	38.30	
(b) SUBTOTAL of Unitemized Independent Expen	ditures				
(b) SSETCIAL OF CHIRCHINESS INDEPENDENT EXPON			-		
(c) TOTAL Independent Expenditures			· •	7	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014	
- 3					

				FOR SE OF	FORM 24/48
	F COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
vvom	en Speak Out PAC		С	C00530766	
Check if	24-hour report 48-hour report New report Amends report	ort filed on	M = M	/ D = D /	Y = Y = Y
	Name of Payee	Date	of Pub	olic Distribution/	Dissemination
	alissa A Arsnoe		10 ^M	24	2014
Mailii	ng Address 3301 N First St	Amo	ount		
City	State Zip Code				20.00
	ksonville AR 72076			n ID: e02a573c bursement or C	
Purpo Sala	ose of Expenditure Category/ Type 001		10	24	2014
Nam	e of Federal Candidate Support	Office Sou	ght:	House	District: 00
Mr. I	Mark L Pryor Oppose	Presi	ident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014		Primary specify) ▶	X General
Ma 	Name of Payee Alissa A Arsnoe ing Address 3301 N First St		10 ^M	olic Distribution	/Dissemination 2014
		Amo	ount		
City	State Zip Code			10 11 252 2	2.91
	ksonville AR 72076			ID: db029e20- bursement or 0	
	pose of Expenditure cage Category/ Type 002		10	24	2014
Nam	ne of Federal Candidate Support	Office Sou	ght:	House	District:00
Mr. I	Mark L Pryor Oppose	Pres	ident	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought 197482.92	Disbursem 2014		Primary	General
(a) SI	UBTOTAL of Itemized Independent Expenditures	•	-7		22.91
(b) SI	UBTOTAL of Unitemized Independent Expenditures	·· •		7 1 7	
(c) T(OTAL Independent Expenditures	·· •		7 7	
with, c	penalty of perjury I certify that the independent expenditures reported herein were or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.				
- Ci-	Ms. Emily Buchanan [Electronically Filed] Date	e 10	25	201	
Sig	gnature				

PAGE 47

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	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Felicia A Jones	10 24 2014
	Mailing Address 4106 Martha St	Amount
	City State Zip Code	80.00
	Shreveport LA 71109	Transaction ID : 7e4e99a3-931b-4f9f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 208652.63 Disb 2014	ursement For: Primary X General
	Per Liection for Office Sought	U Other (specify) ▶
	Full Name of Payee Felicia A Jones	Date of Public Distribution/Dissemination
	Mailing Address 4106 Martha St	10 24 2014 Amount
	City State Zip Code	8.10
	Shreveport LA 71109	Transaction ID : 8fe1ca1e-91ba-4382-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
	Name of Federal Candidate Support Office	ee Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	88.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) (* 11 77) 11	10 25 2014
	Signature	
_		

PAGE 48

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Sch	nedule E)	LAI LITE.	101120		PAGE 49 OF 144 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
	ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/
Ţ	Full Name of Payee			Date	of Public Distribution/Dissemination
	Colton R Overcash				10 24 2014
	Mailing Address 121 Ohara Dr			Amou	ınt
	City	State	Zip Code		80.00
	Salisbury	NC	28147		saction ID: 4f8f71d0-d89c-485f-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		10 24 2014
h	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Kay Hagan		Oppose	Preside	NO.
	Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursemen 2014	nt For: Primary General Other (specify) ▶
	Full Name of Payee			Date	of Public Distribution/Dissemination
	Colton R Overcash			7	M M / D D / Y Y Y Y Y Y
-	Mailing Address 121 Ohara Dr			L	10 24 2014
	121 Onara Di			Amou	unt
	City	State	Zip Code		134.40
	Salisbury	NC	28147		action ID : cb112fa5-52bd-421a-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		10 / 24 / 2014
	Name of Federal Candidate		Support	Office Sough	ht: House District: 00
	Ms. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursemer 2014 C	nt For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	3		•	214.40
(k	b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(0	c) TOTAL Independent Expenditures			· •	
W	Inder penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	INT EXI END	ITOTILO		PAGE 50 OF 144 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC	Women Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y		
Full Name of Payee Gary W Fuhrmann			Date of I	Public Distribution/Dissemination		
Mailing Address 9425 Jessica Drive			10			
			Amount			
City	State	Zip Code	TI::	50.00		
Shreveport	LA	71106		tion ID: 59d5e5b4-a903-4c81-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10			
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement F 2014 Othe	or: Primary ⊠ General er (specify) ▶		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Gary W Fuhrmann			10			
Mailing Address 9425 Jessica Drive			Amount			
City	State	Zip Code		7.80		
Shreveport	LA	71106		on ID: be18c912-6e82-45c6-8 Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	10			
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Mary L Landrieu		Oppose	President			
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	208652.63	Disbursement F 2014 Othe	or:		
(a) SUBTOTAL of Itemized Independent Expendit	ures			57.80		
			·	7 7 7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 7 7		
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.6	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. 3						

	- - ,		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomer	n Speak Out PAC	С	C00530766	
Check if	24-hour report 48-hour report New report Amends report filed on	M = M	/ D D /	Y Y Y Y Y
Full Na	me of Payee Date	of Pu	blic Distribution	/Dissemination
	n R Arnold	M M M	24	2014
Mailing	Address 1531 N Ridgewood Dr Amo	ount		
City	State Zip Code			30.00
Wichita	a KS 67208 Trai		on ID: 31ceee3f	-bf62-444f-b
Purpos Salary	e of Expenditure	M M	/ D D /	2014
Name	of Federal Candidate Support Office Sou	aht:	House	District: 00
Mr. Gr	eg Orman		X Senate	State: KS
	alendar Year-To-Date or Election for Office Sought Disbursement 2014		: Primary	General
Full Na			ıblic Distribution	/Discomination
	R Arnold	M = M	/ DID /	2014
Mailing	Address 1531 N Ridgewood Dr Ame	ount		2011
City	State Zip Code			5.70
Wichit	a KS 67208 Tran		n ID : aab25a8a sbursement or 0	-b54a-4fb8-8
Purpos Mileag	e of Expenditure	10	24	2014
Name	of Federal Candidate Support Office Sou	ght:	House	District: 00
Mr. Gr	eg Orman Oppose Pres	ident	Senate	State: KS
	alendar Year-To-Date er Election for Office Sought Disbursem 2014		r: Primary	/ Kaneral
(a) SUB	STOTAL of Itemized Independent Expenditures		<i>T T</i>	35.70
(b) SUE	BTOTAL of Unitemized Independent Expenditures		7 7	
(c) TOT	AL Independent Expenditures		7	
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (mmittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10	25	D / Y Y Y 201	4
Signa	- Bato 14	<u> </u>		

PAGE 51

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	Tieddie E/	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Sarah Bassil	10 24 2014
١	Mailing Address 7650 Fallswood Way	Amount
ı	City State Zip Code	30.00
	Lorton VA 22079	Transaction ID: 4fd9aa8c-57c5-4ac2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 181022.53 Disbut 2014	rrsement For: Primary General
ŀ		Other (specify) -
١	Full Name of Payee Shantal C Culbreath	Date of Public Distribution/Dissemination
١	Mailing Address 4691 Hercules Lane	10 24 2014
١		Amount
ı	City State Zip Code	100.00
	Woodbridge VA 22193	Transaction ID: 9617d850-118c-4345-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 2014
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	130.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	0 25 2014
	Signature	للننبا للا ال

PAGE 52

OF

Schedule E)	IDENT EXTEND	TOTILO	F	PAGE 53 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC	00530766			
Check if 24-hour report 48-hour repo	ort New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Lauren E Heffington			M = M /	Distribution/Dissemination
Mailing Address 488 Broadwell Dr			10 Amount	24 2014
City	State	Zin Cada		20.00
Nashville	TN	Zip Code 37220		20.00 2: e17af1ee-5e78-4299-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	1	97482.92	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lyndsey R Tarr			10	24 / 2014
Mailing Address 109 Essex Cv			Amount	
City	State	Zip Code		10.00
Jacksonville	AR	72076		: f8dce7f2-7be1-4b2f-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (spe	Primary Seneral
(a) SUBTOTAL of Itemized Independent Exp	enditures			30.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
			-	19. 1.00
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014
- 9				

Schedule E)	III EX EILE	1101120			PAGE 54 OF 144 FOR SE OF FORM 24/48
	MMITTEE (In Full)					NTIFICATION NUMBER ▼
Women S	Speak Out PAC					00530766
Check if X 2	24-hour report 48-hour report	New rep	ort Amends re	eport filed or	n/	D = D / Y = Y = Y
Full Name Lyndse	of Payee By R Tarr	<u>/</u>]	M M /	Distribution/Dissemination
Mailing Ad	dress 109 Essex Cv				10 Amount	24 2014
City		State	Zip Code	—— I		1.50
Jacksonvi	lle	AR	72076			: 963cc2ae-a4e1-459f-b sement or Obligation
Purpose of Mileage	f Expenditure		Category/ Type	02	10 /	24 / 2014
Name of F	ederal Candidate		Support	Office S	Souaht:	House District: 00
Mr. Mark L	- Pryor		∑ Oppose		resident X	Senate State: AR
	dar Year-To-Date lection for Office Sought		197482.92	Disburs 2014	ement For: Other (spec	Primary
Full Name James Mailing Ad	R Hooper				Date of Public	Distribution/Dissemination 24 2014
Widining 7.5	dress 502 N Oak St			,	Amount	
City		State	Zip Code			32.50
Little Rocl	f Expenditure	AR	72205		Date of Disburs	: 4ae31cbf-533a-49ba-9 sement or Obligation
Salary	LAPONANCIE		Category/ Type 00	01	10	24 2014
Name of F	Federal Candidate		Support	t Office S	Sought:	House District: 00
Mr. Mark l	_ Pryor		X Oppose	P F	President X	Senate State: AR
	dar Year-To-Date Election for Office Sought	7 7	197482.92	Disburs 2014	ement For: Other (spe	Primary
(a) SUBTO	TAL of Itemized Independent Expendit	ures				34.00
(b) SUBTO	TAL of Unitemized Independent Expen	ditures		-	1 7	
(c) TOTAL	Independent Expenditures			····· • [4	7
with, or at t	Ity of perjury I certify that the indepent the request or suggestion of, any candi titee) any political party committee or i	idate or authorized				
	Ms. Emily Buchanan	[Electron	nically Filed]	Pate 10	25	2014
Signature	e					

Schedule E)		1101120		PAGE 55 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee James R Hooper			Date of Pu	ublic Distribution/Dissemination
Mailing Address 502 N Oak St			10 Amount	24 2014
	Oteka	7. 0.4		40.00
City Little Rock	State AR	Zip Code 72205		12.90 on ID: 0686771a-edc4-462f-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For 2014 Other	r:
Full Name of Payee Danielle E Grindstaff Mailing Address 147 Possum Trot Rd			Date of Pu	ublic Distribution/Dissemination
City	State	Zip Code		50.00
Bakersville	NC	28705		n ID : 21b58cf5-af00-4e56-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		>	62.90
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7 7
(c) TOTAL Independent Expenditures			·	<i></i>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	10 2	
Signature				

Schedule E)	LIVI EXI END	TIONES	PAGE FOR	56 OF 144 SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIF	FICATION NUMBER ▼		
Women Speak Out PAC	vomen Speak Out PAC					
Check if 24-hour report 48-hour report	New rep	port Amends repo	t filed on M / D	D / Y = Y = Y		
Full Name of Payee Danielle E Grindstaff			M M / D			
Mailing Address 147 Possum Trot Rd			Amount 2	4 2014		
City	State	Zin Codo		8.10		
Bakersville	NC	Zip Code 28705	Transaction ID : aad Date of Disburseme	671d73-fdae-41ef-9		
Purpose of Expenditure Mileage		Category/ Type 002	10 / 2	24 / 2014		
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00		
Ms. Kay Hagan		X Oppose		nate State: NC		
Calendar Year-To-Date Per Election for Office Sought	, 1	057773.12	Disbursement For: For: Other (specify)	Primary X General		
Full Name of Payee			Date of Public Distr	ibution/Dissemination		
Brittany A Frederick				4 2014		
Mailing Address 18793 Hilltop Ln			Amount			
City	State	Zip Code		60.00		
Nevada	TX	75173	Transaction ID : c79 Date of Disburseme	dc394-69d3-419d-9		
Purpose of Expenditure Salary		Category/ Type 001	10 / 2	2014		
Name of Federal Candidate		Support	Office Sought: Hou	use District: 00		
Mr. Mark L Pryor		X Oppose	President Ser			
Calendar Year-To-Date Per Election for Office Sought	7 7	197482.92	Disbursement For: F 2014 Other (specify)	Primary X General		
(a) SUBTOTAL of Itemized Independent Expend	itures		•	68.10		
(b) SUBTOTAL of Unitemized Independent Expe	anditura a			7		
(b) SOBTOTAL OF Officernized independent Expe	maitures		•	7		
(c) TOTAL Independent Expenditures			>	4.1.4.		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25	2014		
5.g						

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed c	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Kathy Anderson		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3041 SW Burlingame Rd		Amount
City	state Zip Code	30.00
	KS 66611	Transaction ID : 418d9dd7-e35e-4235-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 24 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	∑ Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	181022.53 Disburs 2014	sement For: Primary
Full Name of Payee Kathy Anderson Mailing Address 3041 SW Burlingame Rd		Date of Public Distribution/Dissemination 10 24 2014 Amount
City		
City S Topeka		15.30 Fransaction ID: bc6a2dfa-fda2-4122-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought	181022.53 Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	>	45.30
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······	1171171171
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	M / 25 / 2014
Signature		

PAGE 57

OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
\Box	Full Name of Payee	Date of Public Distribution/Dissemination
1	Mry S Everly	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 787 N 1851 Diagonal Rd	Amount
	City State Zip Code	40.00
	Lecompton KS 66050	Transaction ID : 49f746a5-c750-462d-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify)
	Full Name of Payee Mry S Everly	Date of Public Distribution/Dissemination
	Mailing Address 787 N 1851 Diagonal Rd	Amount 24 2014
1	City State Zip Code	3.00
	Lecompton KS 66050	Transaction ID : deaa5c5a-4a84-44ff-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 / 24 / 2014
1	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	43.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	25 2014
	Signature	

PAGE

58

OF

Schedule E)	EXI EIIDI	101120		PAGE 59 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends	report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Matt M Clarke				Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6				10 24 2014 Amount
City S	State	Zip Code		60.00
Conway	AR	72032		Transaction ID : d644e29c-12a8-4ec9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	10 24 / 2014
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Mr. Mark L Pryor		У Орро		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1:	97482.92	Disbi 2014	ursement For:
Full Name of Payee				Date of Public Distribution/Dissemination
Matt M Clarke				10 24 2014
Mailing Address 1254 Fleming St Apt 6				Amount
l '	State AR	Zip Code 72032		13.50 Transaction ID : 619bdf2f-44df-433c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	10 24 2014
Name of Federal Candidate		Supp	ort Offic	e Sought: House District: 00
Mr. Mark L Pryor		X Oppo		President State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			·····	73.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es		······ •	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed]		0 25 Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXI END	ITOTILO	<u> </u>	PAGE 60 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	:00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Philip Elkins			Date of Public	Distribution/Dissemination
Mailing Address 227 Lincoln Dr			10	24 2014
			Amount	
City	State	Zip Code		30.00
Bossier City	LA	71111		: 57eb7fac-def0-4c18-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	, , , ,	208652.63	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Philip Elkins			10	24 / 2014
Mailing Address 227 Lincoln Dr			Amount	
City	State	Zip Code		7.47
Bossier City	LA	71111		: 48f8b73a-39b4-4fcb-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			37.47
, ,				7- 1-2-
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· >	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014
- 3				

Schedule E)	ENT EXILID	TTOTILO	PAGE 61 FOR SE OF	OF 144 FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	oort Amends repo	t filed on	Y = Y = Y
Full Name of Payee Sandra L Clarke			Date of Public Distribution/	Y Y Y Y Y
Mailing Address 1254 Fleming St Apt 6			Amount 24	2014
City	State	Zip Code		2.50
Conway	AR	72032	Transaction ID: dcd8b46a Date of Disbursement or C	a-d5f6-4c36-9
Purpose of Expenditure Salary		Category/ Type 001	10 24	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/	Dissemination
Brian A Sherwood			10 24	2014
Mailing Address 1003 W 5th St			Amount	
City	State	Zip Code		62.50
Coffeyville	KS	67337	Transaction ID : 194155d0- Date of Disbursement or C	
Purpose of Expenditure Salary		Category/ Type 001	10 / 24	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Greg Orman		Oppose	President Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought		181022.53	Disbursement For: ☐ Primary 2014 ☐ Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			65.00
(b) SUBTOTAL of Unitemized Independent Exp.	enditures			
(-,			7	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 Y 201	4
griddio				

Schedule E)	TI EXI END	TOTILO		PAGE 62 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Brian A Sherwood			10	24 2014
Mailing Address 1003 W 5th St			Amount	
City	State	Zip Code		16.20
Coffeyville	KS	67337		ID: 709e54e0-5acd-4d8f-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, 1	81022.53	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
James W Blevins			10	24 Y 2014
Mailing Address 108 East Clinton St			Amount	
PO Box 410			Amount	
City	State	Zip Code		32.00
Salemburg	NC	28385		D: a77ea1b0-9aad-4e71-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1057773.12	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUPTOTAL of Itamized Independent Expanditu	roo			49.20
(a) SUBTOTAL of Itemized Independent Expenditu	res			48.20
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7
(c) TOTAL Independent Expenditures			·	7 1 5 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014
				

Schedule E)		101120		PAGE 63 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee James W Blevins				of Public Distribution/Dissemination
Mailing Address 108 East Clinton St			Amou	10 24 2014 unt
PO Box 410				
	ate NC	Zip Code 28385		11.31 saction ID : 975b8398-1763-46a8-b
Purpose of Expenditure Mileage		Category/ Type 002		of Disbursement or Obligation 10 24 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	NO NO
Calendar Year-To-Date Per Election for Office Sought	10	57773.12	Disbursemer 2014	nt For:
Full Name of Payee Marilyn A Holt				of Public Distribution/Dissemination
Mailing Address 314 Tumbleweed Dr			Amou	
City	tate	Zip Code	<u> —</u> г	25.00
	NC	27127		action ID : afb764da-bf0a-4766-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	1 1 7	1057773.12	Disburseme 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				36.31
(b) SUBTOTAL of Unitemized Independent Expenditures	3		. ,	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent ewith, or at the request or suggestion of, any candidate oparty committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	VI EXI END	ITOTILO		PAGE 64 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Marilyn A Holt			10 10	24 2014
Mailing Address 314 Tumbleweed Dr			Amount	
City	State	Zip Code		12.90
Winston Salem	NC	27127		ID: 0b6494d0-5c82-437a-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Ralph Smith			10 M	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount	
City	State	Zip Code		50.00
Mt. Airy	NC	27030		D: ca36599f-d0da-4c90-a oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1057773.12	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			62.90
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014
-				

Schedule E)	, EX. 1.12.			PAGE 65 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Ralph Smith				Public Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			10	
			Amount	
City	State	Zip Code		12.24
Mt. Airy	NC	27030		tion ID : 214d3b4c-1bac-40b7-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Brandy Starns			M 10	
Mailing Address 300 Evangeline St			Amount	سحدا لتنا ك
City	State	Zip Code	-	40.00
Monroe	LA	71201	Transacti Date of	on ID : 3a2e5cc4-a61b-4753-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	,	208652.63	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·			52.24
(a) SOBTOTAL OF HOMEZON INDOPERIORI EXPONDITURE.	3			J2.24
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	7 7
(c) TOTAL Independent Expenditures			>	7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	4.0	25 2014
Signature		_		

Sched	ule E)	EXI EIID	TOTILO			PAGE 66 OF 144 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wom	en Speak Out PAC					C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends rep	port filed on	M = M /	D = D / Y = Y = Y = Y
	Name of Payee andy Starns			Da		Distribution/Dissemination
	ng Address 300 Evangeline St				10	24 2014
	Value of Supering St.			Am	ount	
City		State	Zip Code		,	6.00
Mon		LA	71201			D: 515356e3-57b5-478f-8 sement or Obligation
Mile	ose of Expenditure age		Category/ Type 002	2	10	24 / 2014
Nam	e of Federal Candidate		Support	Office Sou	ught:	House District:00
Ms.	Mary L Landrieu		X Oppose		sident X	
	Calendar Year-To-Date Per Election for Office Sought	, 2	208652.63	Disbursen 2014	nent For: [Other (spe	Primary
	Name of Payee			Da	te of Public	Distribution/Dissemination
Ru	thie M Thompson				M M /	24 / 2014
	ng Address 286 Wrenn Drive				10	24 2014
	200 WIGHII DIIVE			Am	nount	
City		State	Zip Code			25.00
	ington	NC	27292			: 319016f6-0480-4e7b-8 rsement or Obligation
Sala	ose of Expenditure ary		Category/ Type 001		10	24 / 2014
Nam	e of Federal Candidate		Support	Office So	ught:	House District: 00
Ms.	Kay Hagan		Oppose	Pre	sident	
	Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursen 2014	nent For: Other (spe	Primary X General
(a) SI	UBTOTAL of Itemized Independent Expenditure:	s		▶	7	31.00
(b) SI	UBTOTAL of Unitemized Independent Expenditu	ıres		.		
(c) T(OTAL Independent Expenditures			···· •		
with, c	penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	<i>ically Filed]</i> Da	ite 10	/ D D D 25	2014
Sig	gnature		_			

Schedule E)	INT EXTEND	HONES	PAGE 67 FOR SE OF FO	OF 144 DRM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	t filed on	YYYY
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dis	/
Mailing Address 286 Wrenn Drive			10 24 Amount	2014
City	State	Zip Code		5.04
Lexington	NC	27292	Transaction ID: 91881ba4-0	586-485a-b
Purpose of Expenditure Mileage		Category/ Type 002	10 / 24	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Ms. Kay Hagan		X Oppose		State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee Katie A Barros			Date of Public Distribution/Dis	Y Y Y Y
Mailing Address PO Box 398			10 24 Amount	2014
City	Chaha	7:n Code		60.00
City Neosho	State MO	Zip Code 64850	Transaction ID : 3d7c859e-0b Date of Disbursement or Obl	0f-4a84-9
Purpose of Expenditure Salary		Category/ Type 001	10 / 24	2014
Name of Federal Candidate		Support	Office Sought: House Dis	strict: 00
Mr. Mark L Pryor		Oppose		State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	197482.92	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expend	itures		•	65.04
(b) SUBTOTAL of Unitemized Independent Expe	nditures			
			4	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 2014	Y
Signature				

Sc	hedule E)	1101120		PAGE 68 OF 144 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC			C00530766
Che	eck if X 24-hour report 48-hour report New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
T	Full Name of Payee Katie A Barros		M M	c Distribution/Dissemination
-	Mailing Address PO Box 398		Amount	24 2014
ŀ	City State	Zip Code		40.50
	Neosho MO	64850		ID: 1e1d9547-4eb8-49aa-a ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	24 / 2014
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose		Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	197482.92	Disbursement For: 2014 Other (sp	Primary ☐ General
	Full Name of Payee Mary R Kirkland Mailing Address 504 Green Meadow Dr		Date of Publication 10 Amount	c Distribution/Dissemination
ŀ	City State	Zip Code		60.00
	Boyd TX	76023		D: 46775eab-41a3-4807-b ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	10 10	24 2014
Ī	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	<u> </u>	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	197482.92	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		•	100.50
((b) SUBTOTAL of Unitemized Independent Expenditures		>	1 1 7 1 1 7 1
((c) TOTAL Independent Expenditures		•	1.4.1.2.1
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	10 / D D D D D D D D D D D D D D D D D D	2014
	Signature			

Schedule E)	LIVI EXI END	TTOTILO	<u> </u>	AGE 69 OF 144 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Meagan N Rogerson			M = M /	istribution/Dissemination
Mailing Address 3657 S Rail Road St			10	24 2014
Oth	01-1-	7'- 0-1-		05.00
City Fountain	State NC	Zip Code 27829		25.00 adb9f417-d8db-4816-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	histribution/Dissemination
Meagan N Rogerson			M M /	24 2014
Mailing Address 3657 S Rail Road St			Amount	
City	State	Zip Code		14.40
Fountain	NC	27829		50aeb70f-a759-4095-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		•	39.40
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
			7	45
(c) TOTAL Independent Expenditures			>	492 472
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25	2014
Signature				

Schedule E)	T EXI END			PAGE 70 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Benjamin J Crosser			M	of Public Distribution/Dissemination
Mailing Address PO Box 398			Amour	10 24 2014
011		7: 0 1		17.50
City Neosho	State AR	Zip Code 64850		47.50 action ID: 492e2a5b-81c3-48e1-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 24 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	97482.92	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee Benjamin J Crosser				of Public Distribution/Dissemination
Mailing Address PO Box 398			Amou	10 24 2014 nt
City	State	Zip Code		30.90
Neosho	AR	64850		ction ID : c41c0f29-3a0b-4f6c-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 24 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	es			78.40
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	ENT EXILIB	TIONES		PAGE 71 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lee R Carter			10	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		65.00
Raleigh	NC	27604		D: 4583bb61-9745-45c7-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lee R Carter			10	24 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		16.20
Raleigh	NC	27604		: 11389759-c2d5-4319-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1057773.12	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures			81.20
(b) SUPTOTAL of Unitemized Independent Eve	anditura a			
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	45
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25	2014
-				

Schedule E)	I LAFLIND	ITORES	⊢	PAGE 72 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth			M = M /	Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	24 2014
City	State	Zip Code		80.00
Keithville	LA	71047		: 16e4bd10-3dd6-453f-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disburs	sement or Obligation 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	208652.63	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee				Distribution/Dissemination
Heather Ainsworth			M M /	24 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		22.50
Keithville	LA	71047		: 67d0d515-20e6-448a-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	208652.63	Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		·	102.50
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 25	2014
Signature				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Krystal A Wilson	10 24 2014
	Mailing Address 448 Judson Dr	Amount
	City State Zip Code	40.00
	Wake Forest NC 27587	Transaction ID: 239735ef-5e3a-4b5c-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary ⊠ General Other (specify) ▶
	Full Name of Payee	
	Krystal A Wilson	Date of Public Distribution/Dissemination 10 24 2014
	Mailing Address 448 Judson Dr	Amount
	City State Zip Code	2.10
	Wake Forest NC 27587	Transaction ID : d859a049-d5a3-40c8-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	42.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 25 2014
	Signature	

PAGE

73

OF

Schedule E)	IN EXIEND	ITORES		PAGE 74 OF 144 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of Public	: Distribution/Dissemination			
Billy Martin			10	24 / 2014			
Mailing Address 250 JS Brewton rd			Amount				
City	State	Zip Code		40.00			
goldonna	LA	71031		D: e84b9e3b-6103-4325-a rsement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	;	208652.63	Disbursement For: 2014 Other (specific	Primary			
Full Name of Payee			Date of Public	Distribution/Dissemination			
Billy Martin			10	24 / 2014			
Mailing Address 250 JS Brewton rd			Amount				
City	State	Zip Code		3.00			
goldonna	LA	71031		D: 13125ddd-772b-434e-9 ursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7 7	208652.63	Disbursement For: 2014 Other (sp	Primary X General ecify) ►			
(a) SUBTOTAL of Itemized Independent Expendi	tures			43.00			
, ,							
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7			
(c) TOTAL Independent Expenditures)				
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorized						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014			
-							

Schedule E)	INI EXI END	HONES		PAGE 75 OF 144 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼		
Women Speak Out PAC			С	C00530766		
neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Adena V Smith			Date of Public	C Distribution/Dissemination		
Mailing Address 450 Judson Dr			10 Amount	24 2014		
City Wake Forest	State NC	Zip Code 27587		40.00 ID: 46f5e49e-445b-417f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose		Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (sp	Primary		
Full Name of Payee Stuart T Haley			Date of Public	c Distribution/Dissemination		
Mailing Address 600 W Vine Ave			10	24 2014		
			Amount			
City	State	Zip Code		80.00		
Searcy	AR	72143		D: c83f4005-5cb0-4320-a ursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Mark L Pryor		Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (sp	Primary X General Decify) ►		
(a) SUBTOTAL of Itemized Independent Expendi	tures			120.00		
(b) SUBTOTAL of Unitermized Independent Exper	odituras		7			
(b) SOBTOTAL OF OTHER MIZE OF INDEPENDENT EXPE	iditules		•	45		
(c) TOTAL Independent Expenditures			•	7		
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014		
o.g.iataro						

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvo	men Speak Out PAC	C C00530766
Check	x if X 24-hour report 48-hour report X New report X Amends report filed	on M = M / D = D / Y = Y = Y
	ull Name of Payee Xavier Miller	Date of Public Distribution/Dissemination
		10 24 2014
M	lailing Address 407 randall Dr	Amount
С	ity State Zip Code	80.00
	Searcy AR 72143	Transaction ID : 7f6984c8-b331-4498-b Date of Disbursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	10 24 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
	ull Name of Payee Xavier Miller	Date of Public Distribution/Dissemination
N	failing Address 407 randall Dr	Amount
С	State Zip Code	27.00
	Searcy AR 72143	Transaction ID: 738129df-f66b-4e40-8 Date of Disbursement or Obligation
	rurpose of Expenditure Mileage Category/ Type 002	10 / 24 / 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	107.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not ma h, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 10	o 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE

76

OF

Schedule E)	/EIII =/(I =			PAGE 77 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	t New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Gregory Green			M 10	
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		30.00
Shreveport	LA	71104		tion ID: cd57fb02-353c-488f-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Gregory Green			M	
Mailing Address 2506 Rolch Street			1	0 24 2014
2506 Bolch Street			Amount	
City	State	Zip Code		23.40
Shreveport	LA	71104		ion ID : 7fd09a3f-9d32-4e97-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement I 2014 Oth	For: Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	53.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	4.0	25 2014
Signature		_		

-,					FOR SE OF FORM 24	/48
NAME OF COMM		<u> </u>			FEC IDENTIFICATION NUMB	ER ▼
vvomen Spe	eak Out PAC				C C00530766	
Check if X 24-h	our report 48-hour re	port New repo	ort Amends repo		M = M / D = D / Y = Y =	Y
Full Name of	Payee			Date	of Public Distribution/Dissemina	tion
Krista J S					10 24 2014	
Mailing Addres	S 41176 Bertville Rd			Amou	unt	
City		State	Zip Code	$ \Gamma$	30	0.00
Gonzales		LA	70737		saction ID: 9f10ab5b-e22a-483 of Disbursement or Obligation	6-b
Purpose of Ex Salary	penditure		Category/ Type 001		10 24 2014	
Name of Fede	ral Candidate		Support	Office Soug	ht: House District:	00
Ms. Mary L La	ndrieu		X Oppose	Presid	dent X Senate State:	LA
	Year-To-Date on for Office Sought		08652.63	Disbursement 2014	nt For: Primary ⊠ Go Other (specify) ►	eneral
Full Name of Krista J S				Date	of Public Distribution/Dissemina	ΥΥΥ
Mailing Addres	41176 Bertville Rd			Amo	10 24 2014 unt	
City		State	Zip Code	—Г	6.	51
Gonzales		LA	70737		action ID: 75ad9c4b-4030-499 of Disbursement or Obligation	c-b
Purpose of Ex Mileage	penditure		Category/ Type 002		10 / 24 / 2014	
Name of Fede	eral Candidate		Support	Office Soug	ht: House District:	00
Ms. Mary L La	ndrieu		X Oppose	Presid	dent State: _	LA
	Year-To-Date ion for Office Sought		208652.63	Disburseme 2014	nt For: Primary X G Other (specify) ▶	eneral
(a) SUBTOTAL	of Itemized Independent Ex	xpenditures		.	36.5	1
(b) SUBTOTAL	of Unitemized Independent	Expenditures		· •	1711710	
(c) TOTAL Inde	ependent Expenditures			· -	1 7 1 7 1 7	
with, or at the		y candidate or authorized			cooperation, consultation, or co	
	s. Emily Buchanan	[Electroni	cally Filed] Date	e 10	25 2014	
Signature						

PAGE

78

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 79 OF 144 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			[C C00530766			
Check if 24-hour report 48-hour report	eck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee			Date of	Public Distribution/Dissemination			
Mattie Harris			1	0 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3654 Tara St			Amount				
City	State	Zip Code		60.00			
springdale	AR	72762		ction ID : 2a405818-ac7c-4122-8 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	1	0 24 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	Presiden	t X Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	, , ,	197482.92	Disbursement 2014 Oth	For: Primary X General er (specify) ▶			
Full Name of Payee			Date of	Public Distribution/Dissemination			
Mattie Harris				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 3654 Tara St			Amount				
City	State	Zip Code		3.00			
springdale	AR	72762		tion ID : b3eff5e3-3c28-4316-b Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002		0 24 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	Presiden				
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement 2014 Oth	For:			
(a) SUBTOTAL of Itemized Independent Expenditu	res			63.00			
				7 7 7			
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7 7			
(c) TOTAL Independent Expenditures			•	4 4			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 / 2014			
- 3							

Schedule E)	NI EXI END	ITOTILO		PAGE 80 OF 144 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Lauren N Hamel			M				
Mailing Address PO Box 398			Amount	24 2014			
O'th-	Otata	7'- 0-1-		20.00			
City Neosho	State MO	Zip Code 64850		60.00 ion ID : 413ada46-e0e5-402f-8 Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	10	M / D D / Y Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Mark L Pryor		X Oppose	President	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement F 2014 Othe	or:			
Full Name of Payee Lauren N Hamel	_		Date of I	Public Distribution/Dissemination			
Mailing Address PO Box 398			10				
			Amount				
City	State	Zip Code		39.00			
Neosho	МО	64850		on ID: 39fe1f65-0576-497c-8 Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 10				
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Mark L Pryor		X Oppose	President				
Calendar Year-To-Date Per Election for Office Sought	7 1 7	197482.92	Disbursement F 2014 Othe	or:			
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			99.00			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 1 7 1 7 1			
				7 7			
(c) TOTAL Independent Expenditures			·	7 1 7 1 7 1			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	4.0	25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- 3							

	modulo E)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D = D /	Y = Y = Y
T	Full Name of Payee	Date of	of Pub	lic Distribution	/Dissemination
	Debra Lindsey	М	10 ^M	24	2014
	Mailing Address 119 Goldenwood Dr	Amou	nt		
ŀ	City State Zip Code				50.00
	Slidell LA 70461			ID: 7e47342° oursement or (
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	24	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu	Preside		Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63 Disbut 2014	irsemen		Primary	General
				specify)	/DI : ::
	Full Name of Payee Debra Lindsey		- M	/ D D /	/Dissemination
	Mailing Address 119 Goldenwood Dr	A 150 2 2 2 2	10	24	2014
		Amou	rit		
	City State Zip Code			, ,	3.90
		Transa Date	ction of Dis	ID: 66b81846 bursement or 0	-5981-4c89-a Obligation
	Purpose of Expenditure Mileage Category/ Type O02	M	10 ^M	24	2014
	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
		Preside		X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63			Primary	/ X General
	(a) SUBTOTAL of Itemized Independent Expenditures		-7		53.90
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	25	D / Y Y 201	Y Y 4
	Signature		_0		

PAGE 81

OF

Women Speak Out PAC	C C00530766
	M / D D / V V V
Check if 24-hour report 48-hour report New report Amends report filed on	
	Public Distribution/Dissemination
Jessica R Resendiz	
Mailing Address 9685 Paula St Amount	
City State Zip Code	90.00
Keithville LA 71047 Transact	tion ID: e80889d6-10b1-4361-a Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 10	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disbursement F 208652.63 Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee Date of Jessica R Resendiz	Public Distribution/Dissemination
Molling Address	
Mailing Address 9685 Paula St Amount	
City State Zip Code	23.40
Date of	ion ID: 578b67c6-1b42-40e7-9 Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M / D D / Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought 208652.63 Disbursement F	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	113.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	25 2014
Signature	

PAGE 82

OF

Schedule E)	WI EXI END	TOTILO		PAGE 83 OF 144 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼			
Women Speak Out PAC			C	; C00530766			
Check if 24-hour report 48-hour report	neck if X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Valerie K Braymer			M = M				
Mailing Address 106 Ridge Trail			Amount	24 2014			
City	Ctoto	Zin Codo		65.00			
City Boerne	State TX	Zip Code 78006		65.00 on ID: 2fda2f05-0ef8-488c-9 isbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	M 10				
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Mr. Greg Orman		X Oppose	President	Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	, 1	81022.53	Disbursement Fo	r: Primary X General (specify) ▶			
Full Name of Payee Valerie K Braymer	_		M = N				
Mailing Address 106 Ridge Trail			Amount	24 2014			
City	State	Zip Code		13.50			
Boerne	TX	78006		on ID : 966effd5-b480-4afe-9 isbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 10	24 2014			
Name of Federal Candidate		Support	Office Sought:	House District:00			
Mr. Greg Orman		X Oppose	President	Senate State: KS			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	181022.53	Disbursement Fo	or:			
(a) SUBTOTAL of Itemized Independent Expenditu	ires		•	78.50			
(b) SUBTOTAL of Unitemized Independent Expend	ditures						
(c) TOTAL Independent Expenditures							
			<u> </u>	7			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 2014			
olynature							

FEC IDENTFICATION NUMBER V C C00530766		Tieddic E)			FOR SE OF	FORM 24/48
Check if				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payes Sheri J Peace Mailing Address geas Paula St City State Zip Code Keithville LA 71047 Purpose of Expenditure Salary Category' On State Coppose General Candidate Ms. Mary L Landrieu Caled Corpose Mailing Address 498 LaSalle Drive City State Zip Code Ms. Mary L Landrieu Category' On State Coppose Caledar Year-To-Date Per Election for Office Sought Category' Salary Category' On State Coppose Caledar Year-To-Date Per Election for Office Sought Category' Salary Category' On State Coppose Monique Guillory Mailing Address 498 LaSalle Drive Category' Salary Category' On State Coppose Monique Guillory Mailing Address 498 LaSalle Drive Category' Salary Category' Salary Category' On State Coppose Monique Guillory Mailing Address 498 LaSalle Drive Category' Salary Category' On Salary	۷۷	omen Speak Out PAC		С	C00530766	
Sheri J Peace Mailing Address 9685 Paula S1 City State Zip Code LA 71047 Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Purpose of Expenditure Salary Mailing Address 409 LaSalle Drive City State Zip Code Ms. Mary L Bandrieu Calendar Year-To-Date Purpose of Expenditure Salary Mailing Address 409 LaSalle Drive City State Zip Code Little Rock AR 72211 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Mailing Address Age LaSalle Drive Calendar Year-To-Date Per Election for Office Sought Date of Public Distribution/Dissemination Tansaction ID: 786518ab-08ad-4259-b Date of Disbursement For: Primary Ceneral Per Election for Office Sought Amount City State Zip Code Little Rock AR 72211 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Ceneral Per Election for Office Sought Disbursement For: Primary Ceneral Per Election for Office Sought Amount Calegory Office Sought Tansaction ID: 786518ab-08ad-4259-b Date of Disbursement or Obligation Tansaction ID: 766518ab-08ad-4259-b Date of Date Period Senate State: AR Disbursement or Obligation Tansaction ID: 766518ab-08ad-4259-b Date of Date Period Senate State: AR Date Office Sought Tansaction ID: 766518ab-08ad-4259-b Date Office Sought Amount City Calendar Year-To-Date Period Senate State: AR Disbursement For: Primary Ceneral Period Senate State: AR Date Office Sought Senate Senate State: AR Dat	Che	ck if 24-hour report 48-hour report New report Amends report filed	d on M	M	/ D = D /	Y = Y = Y
Mailing Address 9685 Paula St City State Zip Code Ms. Mary L Landrieu Support Mame of Federal Candidate Ms. Mary L Landrieu Support Malling Address 409 LaSalle Drive Category/ Full Name of Payee Monique Guillory Mailing Address 409 LaSalle Drive City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Category/ Fill Rock AR 72211 Purpose of Expenditure Salary Category/ Mailing Address 409 LaSalle Drive Category/ Mailing Address A09 LaSalle Drive Category/ Office Sought: House District: 00 President Senate State: LA Chiev (specify) ▶ Date of Public Distribution/Dissemination Tansaction ID: 78518ab-06a44258-b Date of Disbursement For: Primary General Amount City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Category/ Office Sought: House District: 00 Tansaction ID: 78518ab-06a4258-b Date of Disbursement For: Primary General Amount Category/ Office Sought: House District: 00 Tansaction ID: 78518ab-06a4258-b Date of Disbursement or Obligation Tansaction ID: 78518ab-06a4258-b Date of Disbursement For: Primary General Tansaction ID: 78518ab-06a4258-b Date of Public Distribution/Dissemination Tansaction ID: 78	Т	Full Name of Payee	Date of	of Pub	olic Distribution	/Dissemination
City State Zip Code Number of Expenditure Salary Category On1 To 24 2014			М			
Reithville Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Support Office Sought Fouse District: O0 President Senate State: LA		Mailing Address 9685 Paula St	Amour	nt		
Reithville Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Salary Category/ Type O01 Transaction ID: 7d8518ab-08ad-4258-b Date of Disbursement or Obligation Support Office Sought Fouse District: O0 President Senate State: LA	ŀ	City State Zip Code				80.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Monique Guillory Mailing Address 409 LaSalle Drive City State Calegory Type Calegory Transaction ID: 09a7tcac-79ae-4999-b Date of Disbursement For: Calegory Transaction ID: 09a7tcac-79ae-4999-b Date of Disbursement or Obligation Transaction ID: 09a7tcac-79ae-4999-b Date of Disburse		·				b-06ad-4258-b
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Monique Guillory Mailing Address 409 LaSalle Drive City State Category/ Tiype Other (specify) Date of Public Distribution/Dissemination Amount Amount City State Category/ Tiype Other (specify) Date of Public Distribution/Dissemination Amount Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Date of Disbursement or Obligation Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Office Sought: House District: O President Seant Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Office Sought: House District: O President Seante State: AR Calendar Year-To-Date Per Election for Office Sought Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Office Sought: House District: O President Seante State: AR Calendar Year-To-Date Per Election for Office Sought Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Office Sought: House District: O Other (specify) Other (specify) Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement or Obligation Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement For: Office Sought Transaction ID: 09a7feac-79ac-4999-b Date of Disbursement	Ī	Salany Category/ 001		- M	/ D D /	YYYY
Ms. Mary L Landrieu Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought President Senate Disbursement For: Primary General 2014 Other (specify) Date of Public Distribution/Dissemination Mailing Address 409 LaSalle Drive Amount City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement For Obligation Transaction ID: 09a7fcac-7	f	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
Per Election for Office Sought Full Name of Payee Monique Guillory Mailing Address 409 LaSalle Drive City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Category/ Jype Office Sought Category/ Oppose President X Senate State: AR Calendar Year-To-Date Per Election for Office Sought 197482.92 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date 10 Vable Distribution/Dissemination Date of Public Distribution/Dissemination 10 24 2014 Amount Transaction ID: 993/fcac-79ae-4999-b Date of Disbursement or Obligation 10 24 2014 Condition Consultation or Office Sought 10 24 2014 Condition Consultation or Office Sought 10 24 2014 Condition Distribution/Dissemination 10 24 2014 Consultation District: 00 Transaction ID: 993/fcac-79ae-4999-b Date of Disbursement or Obligation 10 24 2014 Condition Consultation or Objective Amount 10 24 2014 Condition Consultation or		Ma Manual Landriau	_		X Senate	State: LA
Full Name of Payee Monique Guillory Mailing Address 409 LaSalle Drive City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Category/ Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Interval 10		Calcification Date	4			General
Monique Guillory Mailing Address 409 LaSalle Drive City State Zip Code Little Rock AR 72211 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calegory/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Amount Amount Category/ Transaction ID: 093/fcac-79ae-4999-b Date of Disbursement or Obligation Transaction ID: 093/fcac-79ae-4999-b Date of Date of Date of Date of Disbursement or Obligation Transaction ID: 093/fcac-79ae-4999-b Date of Date	-					/Diocessis ii
Mailing Address 409 LaSalle Drive City			_	I = M	/ D D /	Y Y Y Y Y Y
Little Rock AR 72211 Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Month 10 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Month 10 Purpose of Expenditure Support Office Sought: House District: O0 President Senate State: AR Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Total Tot		Mailing Address 409 LaSalle Drive	Amou	-	24	2014
Little Rock AR 72211 Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Purpose of Expenditure Salary Category/ Type O01 Month 10 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Month 10 Purpose of Expenditure Support Office Sought: House District: O0 President Senate State: AR Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Transaction ID: 09a7fcac-79ae-4999-b Date of Disbursement or Obligation Total Tot	ŀ	City State Zip Code	1	_		60.00
Purpose of Expenditure Salary Category/ Type O01 10 24 2014		Little Rock AR 72211	Transa Date	ction of Dis	ID: 09a7fcac- bursement or 0	79ae-4999-b Obligation
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 197482.92 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	-	Salany Category/ 001	M	I I M	/ D D /	Y Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 197482.92 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	ce Sough	t:	House	District: 00
Calendar Year-To-Date Per Election for Office Sought 197482.92 Disbursement For: Primary General Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			_			4.5
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disk	4			/ General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(a) SUBTOTAL of Itemized Independent Expenditures			7	140.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date MMMM Date 10 25	(b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Mand	(c) TOTAL Independent Expenditures			7	
[Electronically Filed] Date 10 25 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Dutc		[El-+	10 /			
		Dutc				

PAGE 84

OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 85 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUI	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	t filed on Y Y Y	YYY
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissem	
Mailing Address 409 LaSalle Drive				014
409 LaSaile Drive			Amount	
City	State	Zip Code		57.00
Little Rock	AR	72211	Transaction ID : 5e084d29-5a1d- Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002		014
Name of Federal Candidate		Support	Office Sought: House District:	00
Mr. Mark L Pryor		X Oppose	President Senate State:	AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissem	nination
Kenny Wallis				014
Mailing Address 6412 Osage Dr			Amount	
City	State	Zip Code		65.00
North Little rock	AR	72116	Transaction ID : f12fb4f2-14f7-42f Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001		014
Name of Federal Candidate		Support	Office Sought: House District	:00
Mr. Mark L Pryor		Oppose	President Senate State	:AR
Calendar Year-To-Date Per Election for Office Sought	.,,	197482.92	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expend	itures		122	2.00
(1) OUDTOTAL (11) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15		7 7 7	
(b) SUBTOTAL of Unitemized Independent Expe	nditures)	-
(c) TOTAL Independent Expenditures			>	-
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 / 2014	

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on	= M	/ D = D /	Y I Y I Y I Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	Dissemination
	Kenny Wallis		10 ^M	24	2014
	Mailing Address 6412 Osage Dr	Amour	nt		
ŀ	City State Zip Code				3.15
	North Little rock AR 72116	Trans:	action	ID: 67919fe6 bursement or (-6975-4f10-b
	Purpose of Expenditure Mileage Category/ Type 002		10 ^M	24	2014
ı	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Mr. Mark L Pryor Oppose	Preside		X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement		Primary specify) ▶	X General
ŀ	Full Name of Payee			olic Distribution	Discomination
	Kevin L Battle	M		/ DISTRIBUTION,	2014
	Mailing Address 3300 Asher Ave	Amou	-	24	2014
ŀ	City State Zip Code	Г.			80.00
	Little Rock AR 72204			ID: d717f3a2- bursement or (
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	24	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Mr. Mark L Pryor Oppose	Preside	ent	X Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures		-		83.15
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures		1 - 4	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M /	25		4
	Signature		_		

PAGE

86

OF

Schedule E)				PAGE 87 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends rep	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee				Date of Public Distribution/Dissemination
Kevin L Battle				10 24 2014
Mailing Address 3300 Asher Ave				Amount
City St	ate	Zip Code		30.00
Little Rock	ΛR	72204		Transaction ID: 29603ab2-2551-48a5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District:00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	97482.92	Disbur 2014	rsement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Caleb J Ellicott				10 / 24 / 2014
Mailing Address 56893 S 695 rd				Amount
City	ate	Zip Code		20.00
Colcord	OK	74338		Transaction ID: 339d74c3-79c4-4b98-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				50.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	;		··· •	7 7 7
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	r authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Dat	e 10	0 25 2014

Schedule E)	ENT EXILID	TTOTILO		PAGE 88 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Nathan D Stevens			M = M /	Distribution/Dissemination
Mailing Address 9653 Nations Dr			Amount	24 2014
City	State	Zip Code		20.00
Springdale	AR	72762		D: 8baa0c25-6049-4bc9-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Nathan D Stevens			Date of Public	Distribution/Dissemination
Mailing Address 9653 Nations Dr			10	24 2014
			Amount	
City	State	Zip Code		7.20
Springdale Purpose of Expenditure	AR	72762		: e981a627-2006-40e4-a rsement or Obligation
Mileage		Category/ Type 002	10	24 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	27.20
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
(b) SOBTOTAL OF STITLE MAGPERIAGINE EXP	maitares		•	1 1 1/95 1 1 1/25 1
(c) TOTAL Independent Expenditures			•	1 4 1 4
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014
<u> </u>				

Schedule E)	Moent Em Eng.			PAGE 89 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour re	port New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Zachary Williams			M = M	lic Distribution/Dissemination
Mailing Address 9419 NE Hwy 69			Amount	24 2014
City	State	Zip Code		30.00
Pittsburg	KS	66762		ID: 8360c91a-d84d-4b84-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1	81022.53	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee Zachary Williams			M = M	lic Distribution/Dissemination
Mailing Address 9419 NE Hwy 69			Amount	24 2014
City	State	Zip Code		13.50
Pittsburg	KS	66762		ID: 407b1b57-615f-41dd-b oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	181022.53	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	rpenditures		. •	43.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		. >	795
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the i with, or at the request or suggestion of, an party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 25	2014
Signature				

Schedule E)	II EXPEND	TIONES		PAGE 90 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Melissa D Turner			M = M /	Distribution/Dissemination
Mailing Address 9653 Nations Dr			10 Amount	24 2014
City	State AR	Zip Code		20.00
Springdale	AK	72762		D: e6a26cb3-063b-4cf8-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (spe	Primary General
Full Name of Payee				Distribution/Dissemination
Leslie D Moore			Mark of Fubility	24 2014
Mailing Address 1903 Swan Dr			Amount	24 2014
City	State	Zip Code		60.00
Lenoir	NC	28645		2 : 82354267-e75b-45d4-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	res			80.00
(-,			7	4
(b) SUBTOTAL of Unitemized Independent Expendent	itures		· •	
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	10 / 25	2014
Signature				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Leslie D Moore	D	Date of Public Distribution/Dissemination
		10 24 2014
Mailing Address 1903 Swan Dr	A	mount
City Sta	ate Zip Code	3.90
		ransaction ID : 2003e440-561a-4b00-b late of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1057773.12 Disburse 2014	ement For: Primary
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712	А	Amount
City	ate Zip Code	90.00
Alexander		ansaction ID: 8861eb3e-64f8-40f8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 24 7 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Mr. Mark L Pryor	∑ Oppose Pr	resident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	197482.92 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		93.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE 91

OF

NAME OF COMMITTEE (In Full)	
	NTIFICATION NUMBER ▼
Women Speak Out PAC	00530766
Check if 24-hour report 48-hour report New report Amends report filed on	D = D / Y = Y = Y
	Distribution/Dissemination
Todd Ellis	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 712 Amount	
City State Zip Code	37.50
Alexander AR 72002 Transaction ID:	: 327ca59f-d495-4c8d-a ement or Obligation
Purpose of Expenditure	D D Z4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014	Primary X General
Other (speci	eify) ▶
Full Name of Payee Jennifer F Gilbert Date of Public D	Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd Amount	24 2014
City State Zip Code	52.50
Carriere MS 39426 Transaction ID :	455f09af-0530-4abb-a ement or Obligation
Purpose of Expenditure Salary Category/ Type 001	24 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10 25	2014
Signature	

PAGE 92

OF

Schedule E)		TT OTTEO		PAGE 93 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jennifer F Gilbert			Date of Pub	lic Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Rd			10 Amount	24 2014
Cita	State	Zip Code		20.10
City Carriere	MS	39426		ID: 5b1359da-b9d0-48d3-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement For: 2014 Other (s	Primary ⊠ General Specify) ►
Full Name of Payee Evelyn Lesaicherre			Date of Pub	lic Distribution/Dissemination
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		80.00
Metairie Purpose of Expenditure	LA	70001	Transaction Date of Dis	ID: 90b4aa7c-fba9-493f-b oursement or Obligation
Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	itures		. •	100.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	10 25	2014
Signature				

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Evelyn Lesaicherre		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	А	mount
City Sta	te Zip Code	4.50
Metairie L		ransaction ID : f1851d2a-5634-4bec-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 24 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident State: LA
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disburse 2014	ment For: Primary
Full Name of Payee Carmen Maddrey Mailing Address 2043 Nottingham Ln		Date of Public Distribution/Dissemination 10
City Sta	·	40.00 ansaction ID : 0694a52e-f4b5-48e1-8
Purpose of Expenditure	D	Date of Disbursement or Obligation
Salary	Category/ Type 001	10 24 7 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	∑ Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1057773.12 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, o	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE

94

OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
_	C 500330700
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Carmen Maddrey	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2043 Nottingham Ln	Amount
City State Zip Code	2.10
Burlington NC 27215	Transaction ID : e338029f-7ece-483e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 0	02 10 24 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Patricia F Arnold	Date of Public Distribution/Dissemination
	10 24 2014
Mailing Address 1117 Clipper Dr	Amount
City State Zip Code	13.00
Slidell LA 70458	Transaction ID: 6121787a-0fe0-4899-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type O	01
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 208652.63	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
•	
(a) SUBTOTAL of Itemized Independent Expenditures	15.10
(b) SUBTOTAL of Unitemized Independent Expenditures	····· Þ
(c) TOTAL Independent Expenditures	····· >
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	pate 10 25 2014
Signature	

Schedule	E)		1101120		PAGE 96 OF 144 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if \sum	24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Nar Patri	ne of Payee cia F Arnold	,			of Public Distribution/Dissemination
Mailing	Address 1117 Clipper Dr			Amour	10 24 2014
City		State	Zip Code		0.96
Slidell		LA	70458		action ID: 259ef8e5-9cf9-4e20-9 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		10 24 2014
Name o	f Federal Candidate		Support	Office Sought	: House District: 00
Ms. Ma	ry L Landrieu		X Oppose	Preside	nt Senate State: LA
	endar Year-To-Date Election for Office Sought		208652.63	Disbursement 2014 Ot	For: Primary X General
	ne of Payee da Walker				of Public Distribution/Dissemination
Mailing	Address 10000 Mount Pleasant Rd			Amour	
City		State	Zip Code		50.00
Midland		NC	28107	Transa Date o	ction ID : 53dff0c7-6143-4149-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		10 24 7 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ka	/ Hagan		X Oppose	Preside	ent Senate State: NC
	lendar Year-To-Date r Election for Office Sought		1057773.12	Disbursement 2014 Of	t For: Primary
(a) SUB	TOTAL of Itemized Independent Expenditu	ures			50.96
(b) SUB	TOTAL of Unitemized Independent Expendent	ditures		.	
(c) TOTA	NL Independent Expenditures			· [
with, or a	nalty of perjury I certify that the independ t the request or suggestion of, any candin nmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 10	25 2014
Signa	ture				

Schedule E)				PAGE 97 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee OLynda Walker			Date of Publi	c Distribution/Dissemination
Mailing Address 10000 Mount Pleasant Rd			10 Amount	24 2014
City Midland	State NC	Zip Code 28107		19.50 ID : b6ff98b9-8bdc-43db-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbl	ursement or Obligation / 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	057773.12	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Benjamin Hernandez			Date of Publ	ic Distribution/Dissemination
Mailing Address 915 E Market Ave			Amount	24 2014
City	State	Zip Code		40.00
Searcy	AR	72149		D: c4fd1e69-46f8-4e99-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es		•	59.50
(b) SUBTOTAL of Unitemized Independent Expendi	itures		· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidary party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014

Schedule E)	SEI ENDENT EXI ENDI	TOTILO	PA(FO	GE 98 OF 144 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENT	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report 48-l	nour report New repo	ort Amends repo	t filed on	D / Y = Y = Y
Full Name of Payee Benjamin Hernandez			M = M / D	tribution/Dissemination
Mailing Address 915 E Market Ave			10	24 2014
Otto	Otata	7:- 0-1-		04.00
City Searcy	State AR	Zip Code 72149	Transaction ID : o	21.30 le770be8-0046-40ff-a
Purpose of Expenditure Mileage		Category/ Type 002		24 2014
Name of Federal Candidate		Support	Office Sought:	ouse District: 00
Mr. Mark L Pryor		X Oppose		enate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	97482.92	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Maria A Britt			M = M / D	stribution/Dissemination
Mailing Address 4894 Thunder B	olt		Amount	24 2014
City	State	Zip Code		50.00
Concord	NC	28205	Transaction ID : cl Date of Disburser	ofcf360-84a9-4615-9
Purpose of Expenditure Salary		Category/ Type 001	10 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Ms. Kay Hagan		X Oppose		enate State: NC
Calendar Year-To-Date Per Election for Office Sought	,	1057773.12	Disbursement For: 2014 Other (specify	Primary
(a) SUBTOTAL of Itemized Independent	dent Expenditures			71.30
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		>	7 7 7
			4	
(c) TOTAL Independent Expenditure	S		>	4
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party of	of, any candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25	2014
Signaturo				

Check if	ouriedate Ly		FOR SE OF FORM 24/48
Check if	,		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mary Catherine Toburen Mailing Address 1222 SE 44 St City State Zip Code KS 66699 Purpose of Expenditure Salary Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Mr. Greg Orman Calendar Year-To-Date Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code President Senate State: KS 66699 President Other (specify) Disbursement or Obligation Transaction 10: 7d95952bae64 4775- Transaction 10: 7d95952bae6	vvomen Speak Out PAC		C C00530766
Mailing Address 1222 SE 44 St Mailing Address 1222 SE 44 St City State Zip Code Topeka KS 66699 Purpose of Expenditure Salary Calegory On Tope Sought House District: On President Senate State: KS Calegory On Tope Sought Senate State: KS Calegory On Tope Sought Senate State: KS Calendar Year-To-Date Phillip Williams Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Oppose Date of Public Distribution/Dissemination of Office Sought Senate State: KS Calendar Year-To-Date Purpose of Expenditure Salary Oppose District: Office Sought Senate State: KS Calendar Year-To-Date Purpose of Expenditure Salary Oppose State State: No Calendar Year-To-Date Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate State: No Calendar Year-To-Date Per Election for Office Sought Senate Sen	Check if 24-hour report 48-hour report No	lew report Amends report filed	
Mailing Address 1222 SE 44 St City State Zip Code (KS 66699	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code Transaction ID : 7d95b92b-ae96-4775 Date of Disbursement or Obligation Name of Federal Candidate Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Greensboro NC 27407 Name of Federal Candidate NC 27407 Name of Federal Candidate NC 27407 Name of Power Persident Support Transaction ID : 7d95b92b-ae96-4775 Date of Disbursement or Obligation President X senate State: KS Calendar Year-To-Date Phillip Williams Amount Amount Transaction ID : 7d95b92b-ae96-4775 Date of Disbursement For: Primary X Gene 2014 The Calendar Year-To-Date Purpose of Expenditure Salary Category/ Type Oo1 Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement For: Primary X Gene 2014 Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction ID : 7d95b92b-ae96-4779 Date of Disbursement or Obligation Transaction			
Topeka KS 66609 Transaction ID : 7496b92b-ae96-4775-Date of Disbursement or Obligation	Mailing Address 1222 SE 44 St		Amount
Topeka KS 66609 Transaction ID : 7496b92b-ae96-4775-Date of Disbursement or Obligation	City State	Zip Code	27.50
Purpose of Expenditure Salary Name of Federal Candidate		•	Transaction ID : 7d96b92b-ae96-4775-a
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Category/ Type 01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Electio			M M / D D / Y Y Y Y
Mr. Greg Orman Calendar Year-To-Date Per Election for Office Sought 181022.53 Disbursement For: Primary General College Phillip Williams Date of Public Distribution/Dissemination Purpose of Expenditure Salary Category Type Ont Tansaction ID : 76df5d5a-8ca8-4647-9 Date of Public Distribution/Dissemination Purpose of Expenditure Support Type Ont Tansaction ID : 76df5d5a-8ca8-4647-9 Date of Disbursement or Obligation Purpose of Expenditure Support Office Sought House District: Office Sought House District: Office Sought Salary Oppose President Senate State: NC NS NS NS NS NS NS NS	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concording the composition of the composit	Mr. Greg Orman		
Full Name of Payee Phillip Williams Mailing Address 3007 Darden Rd Amount City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the property of property of the property of the property of the property of the pr			
Phillip Williams Mailing Address 3007 Darden Rd City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concordance in the cooperation in the co			
Mailing Address 3007 Darden Rd City State Zip Code 80.00 Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Cale			M = M / D = D / Y = Y = Y
Greensboro NC 27407 Transaction ID: 76df5d5a-8ca8-4647-9 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concording to the company of the company of the cooperation, consultation, or concording the cooperation, consultation, or concording the cooperation of the	Mailing Address 3007 Darden Rd		
Purpose of Expenditure Salary Category/ Type Out Total Independent Expenditures Date of Disbursement or Obligation Purpose of Expenditure Support Office Sought: House District: O Support Office Sought: Nouse District: O President State: Nouse President State: Nouse Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concording the company of t	City State	Zip Code	80.00
Purpose of Expenditure Salary Category/ Type Out Type Out Office Sought: House District: Out Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concording to the sought of the solution o	Greensboro NC	27407	Transaction ID: 76df5d5a-8ca8-4647-9 Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC			M M / D D / Y Y Y Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertion.	Name of Federal Candidate	Support Office	e Sought: House District:00
Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Ms. Kay Hagan		
(b) SUBTOTAL of Unitemized Independent Expenditures		Disbu	
(c) TOTAL Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	·····	107.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conce	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
	(c) TOTAL Independent Expenditures		
party committee) any political party committee or its agent.	with, or at the request or suggestion of, any candidate or auti		
Ms. Emily Buchanan [Electronically Filed] Date 10 25 2014		71411 T21 - 11	
Signature			

PAGE 99

OF

Schedule E)	I EXPEND	ITONES		PAGE 100 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M /	Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	24 2014
City	State	Zip Code	Transaction	21.30
Greensboro	NC	27407		D: dc57984e-c990-4f32-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				c Distribution/Dissemination
Jacob W Joosten			M M M	/ 24
Mailing Address 1906 S Pine Apt B			Amount	24 2014
City	State	Zip Code		40.00
Pittsburg	KS	66762		D: 62651a8f-78e8-4dc8-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	181022.53	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	ae			61.30
(a) SOBTOTAL OF HEIMIZER INDEPENDENT EXPENDITURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	01.30
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	75.
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / 25	2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jacob W Joosten	10 24 2014
Mailing Address 1906 S Pine Apt B	Amount
City State Zip Code	20.40
Pittsburg KS 66762	Transaction ID : dd7a214b-71fb-40cc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 DDD Y 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary X General Other (specify) ▶
Full Name of Payee Beverly Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	10 24 2014 Amount
City State Zip Code	80.00
Greensboro NC 27407	Transaction ID: 7d23ff5d-584b-49f9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 101

OF

Schedule E)	LIVI EXI END	HONES		PAGE 102 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Brenda L McCune			Date of Public	Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			10	24 2014
			Amount	
City	State	Zip Code		130.00
Conway	AR	72032		D: 70cdac53-c0ba-4d51-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	197482.92	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Brenda L McCune			M M /	24 / 2014
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		27.90
Conway	AR	72032		: 8fa0fe48-000b-488b-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			157.90
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. >	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014

Schedule E)	IN EXIEND	ITORES		AGE 103 OF 144 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Marsha P Meroney			M = M /	Distribution/Dissemination
Mailing Address 513 Ray West Dr			Amount	24 2014
City	State	Zip Code		17.30
Kernersville	NC	27284		a40a6140-7cdf-4b21-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee Marsha P Meroney			Date of Public D	Distribution/Dissemination
Mailing Address 513 Ray West Dr			10	24 2014
			Amount	
City	State	Zip Code		3.90
Kernersville	NC	27284		4893de58-6832-49a9-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For: 2014 Other (spec	Primary X General ify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		•	21.20
(b) SUBTOTAL of Unitermized Independent Exper	nditures			111111
			7	4 4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	iically Filed] Date	10 25	2014
3. 3				

	dule E)	I EXI ENDI	TONES			PAGE 104 OF 144 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC II	DENTIFICATION NUMBER ▼
vvon	nen Speak Out PAC				С	C00530766
Check i	f X 24-hour report 48-hour report	New repo	ort Amend	s report f	iled on	/ D = D / Y = Y = Y
	Name of Payee hirley R Gladstone				M = M	c Distribution/Dissemination
Mai	ling Address 619 W 51st Street South				10	24 2014
City	,	State	Zip Code			30.00
	chita	KS	67217			ID: e658ef37-5d1e-4c54-a ursement or Obligation
	pose of Expenditure lary		Category/ Type	001	10 10	24 2014
Nar	me of Federal Candidate		Supp	port C	ffice Sought:	House District: 00
Mr	. Greg Orman		X Oppo			Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	, 1	81022.53		isbursement For: 014 Other (sp	Primary
	Name of Payee hirley R Gladstone				Date of Publ	ic Distribution/Dissemination
Ma	iling Address 619 W 51st Street South				10	24 2014
					Amount	
City	/	State	Zip Code			5.70
	ichita	KS	67217			D : 1045e424-25a0-461a-9 ursement or Obligation
	pose of Expenditure leage		Category/ Type	002	10	24 2014
Na	me of Federal Candidate		Supp	port C	Office Sought:	House District: 00
Mr	. Greg Orman		X Opp			Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	7	181022.53		oisbursement For: 014 Other (s	Primary X General pecify) ▶
(a) \$	SUBTOTAL of Itemized Independent Expenditure	S				35.70
. ,						
(b) \$	SUBTOTAL of Unitemized Independent Expendite	ures)	-	7
(c) T	FOTAL Independent Expenditures)		7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida or committee) any political party committee or its	te or authorized				
S	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M 10 / 25	2014

	meduic L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	James E Dacus	10 24 2014
	Mailing Address 117 Cynthia Ave	Amount
	City State Zip Code	100.00
	Farmington AR 72730	Transaction ID : 093600ee-efb9-4c58-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	107100 00	ursement For: Primary X General
	Per Election for Office Sought 197482.92 2014	Other (specify) ▶
	Full Name of Payee James E Dacus	Date of Public Distribution/Dissemination
	Mailing Address 117 Cynthia Ave	10 24 2014 Amount
	City State Zip Code	12.60
	Farmington AR 72730	Transaction ID : 16da7d76-ff23-4aaf-b
	Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 10 24 2014
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	_ · · · · · -	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	112.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(7) (' 1) 7) 11	10 25 2014
	Signature	

PAGE 105

OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Vonniqua Jackson		10 24 2014
Mailing Address 111 Westchester Blvd	A	mount
Apt D4	7.0	25.00
Slidell		65.00 ransaction ID: d38f46a9-9522-47be-b ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pro	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disburse 2014	ment For: Primary General Other (specify) ▶
Full Name of Payee Hannah J Landry Mailing Address 1110 N Coolidge		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SI	ate Zip Code	70.00
1 '	_A 70737 Tr a	ansaction ID : f7d3f7e8-ac95-44b5-8
Purpose of Expenditure Salary	Category/ Type 001	pate of Disbursement or Obligation M 10
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	r authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE 106

OF

Schedule E)	I LAPLIND	ITORES	+	PAGE 107 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	000530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Hannah J Landry			M M /	Distribution/Dissemination
Mailing Address 1110 N Coolidge			10 Amount	24 2014
City	State	Zip Code		9.87
Gonzales	LA	70737		D: 1b461467-18a3-4f9f-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbut	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	_	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	208652.63	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary C Lee			10	24 / 2014
Mailing Address 1030 N Coolidge Ave			Amount	
City	State	Zip Code		70.00
Gonzales	LA	70737		: b309bd8f-e528-4d48-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	208652.63	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	9S			79.87
(b) SUBTOTAL of Uniternized Independent Expendit	uroc			
(b) 308101AL of Officernized independent Experior	ures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 / D D D 25	2014
Signature				

			FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)	FEC	C IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	С	C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M M	/ D D / Y Y Y Y
T	Full Name of Payee	Date of Po	ublic Distribution/Dissemination
L	Mary C Lee	10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1030 N Coolidge Ave	Amount	
-	City State Zip Code	L	9.87
١	Gonzales LA 70737		on ID: 48f07b1e-360f-45f8-8 isbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10	
ħ	Name of Federal Candidate Support Office	Sought:	House District:00
١	Ms Mary Llandriau	President	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement Fo	r: Primary ⊠ General (specify) ▶
ľ	Full Name of Payee Patrice Wolfe	Date of P	ublic Distribution/Dissemination
	Mailing Address 9909 Treasure Hill Rd	10 Amount	24 2014
ŀ	City State Zip Code		35.00
١	Little Rock AR 72205		on ID: 31563953-a882-4b49-a isbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10	
Γ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Fo	or: Primary X General (specify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures		44.87
(k	b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(0	c) TOTAL Independent Expenditures		7 7 7
W	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 10) / D	25 2014
	Signature		

PAGE 108

OF

· · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	IDENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Am	nends repo		М = М	/ D D /	Y II Y II Y
Full Name of Payee				Date	of Publ	lic Distribution/	Dissemination
Patrice Wolfe					10 ^M	24	2014
Mailing Address 9909 Treasure Hill Rd				Amo	unt		
City	State	Zip Code					16.50
Little Rock	AR	72205				ID: f9557206- oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002		M 10	24	2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House	District:00
Mr. Mark L Pryor			Oppose	Presi		X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	97482.92		Disburseme		Primary	X General
Full Name of Payee Rhonda Moback Mailing Address 2704 E Glen Oaks Dr				Date	10 M	lic Distribution/	Dissemination 2014
City	State	Zip Code		— r			30.00
Wichita	KS	67216				ID: 01220ec1- oursement or C	0857-4645-9
Purpose of Expenditure Salary		Category/ Type	001		10 10 10 10 10 10 10 10 10 10 10 10 10 1	24	2014
Name of Federal Candidate			Support	Office Soug	jht:	House	District: 00
Mr. Greg Orman		X	Oppose	Presi	dent	X Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	181022.5	3	Disburseme 2014		Primary	X General
(a) SUBTOTAL of Itemized Independent Expenditures	s			· [7		46.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			· • [7	
(c) TOTAL Independent Expenditures				• [7	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	25	201	
Signature							

PAGE 109

OF

Schedule E)	IN EXIEND	ITORES	<u> </u>	PAGE 110 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Rhonda Moback			10	24 / 2014
Mailing Address 2704 E Glen Oaks Dr			Amount	
City	State	Zip Code		4.20
Wichita	KS	67216		: 961f404f-af13-457b-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	-	181022.53	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Peggy A Sides			10 /	24 2014
Mailing Address 2183 Spokane Rd			Amount	
City	State	Zip Code		50.00
Fayetteville	NC	28304		d7c8821e-21ae-4e3e-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1057773.12	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			54.20
(-,			-	75
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014

Schedule E)	IVI EXI END	HONES		GE 111 OF 144 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on)
Full Name of Payee Peggy A Sides			M M / I	stribution/Dissemination
Mailing Address 2183 Spokane Rd			10 Amount	24 2014
Cit.	Otata	7:a Cada		0.00
City Fayetteville	State NC	Zip Code 28304		6.00 3b13ce91-40f5-4cb6-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: 2014 Other (specif	Primary
Full Name of Payee Molly K Williams	_		M = M /	stribution/Dissemination
Mailing Address 9419 NE Hwy 69			Amount	24 2014
City	State	Zip Code		30.00
Pittsburg	KS	66762		bfb5909-9e9d-479e-b ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	181022.53	Disbursement For: 2014 Other (specif	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			36.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	
			4	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 /	2014
- 3				

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Mamon Chaol Cut DAC	TEC IDENTIFICATION NOMBER
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 E Mt Vernon Amo	punt
City State Zip Code	80.00
	nsaction ID: 1070e10d-f91e-4117-a e of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Mr. Greg Orman Oppose Presid	dent State: KS
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	Other (specify)
Full Name of Payee Jodi DeFrees Date	e of Public Distribution/Dissemination
Mailing Address 201 E Mt Vernon Amo	10 24 2014 Dunt
City State Zip Code	13.50
Wichita KS 67211 Trans	saction ID: 1f042fed-07b5-4e73-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Mr. Greg Orman Oppose President	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	93.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	25 2014
Signature	

PAGE 112

OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
VV	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	= M	/ D D /	Y I Y I Y I Y
Т	Full Name of Payee	Date of	of Pub	lic Distribution/	Dissemination
	Carl Brent	M	10 ^M	/ D D /	2014
	Mailing Address 6718 Lake Willow Dr	Amou	nt		
ŀ	City State Zip Code				80.00
	New Orleans LA 70126			ID: 2c7551a3 oursement or C	-ccf7-4124-9
	Purpose of Expenditure Salary Category/ Type 001		10 ^M	24	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District:00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63 Disbut 2014	irsemen		Primary specify) ▶	General
ľ	Full Name of Payee Carl Brent			olic Distribution	/Dissemination
	Mailing Address 6718 Lake Willow Dr	Amou	10	24	2014
١		Amou	iii.		
ľ	City State Zip Code			B I I (B)	13.50
	New Orleans LA 70126			ID: 9bd88dc1 bursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	IV	10 ^M	24	2014
ľ	Name of Federal Candidate Support Office	Sough	t:	House	District: 00
	Ms. Mary L Landrieu Oppose	Preside	ent	X Senate	State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 208652.63			Primary specify) ▶	K General
((a) SUBTOTAL of Itemized Independent Expenditures		-7	- 1 - 2-	93.50
((b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			- 1 - 2	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 /	25		4
	Signature		_		

PAGE 113

OF

· · · · ,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Alice K Salazar	Da	te of Public Distribution/Dissemination
		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 605 W Houston St	Am	nount
City Sta	ite Zip Code	90.00
Marshall T.		ansaction ID : f224db50-4a2d-4aec-9 te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu	Oppose Pre	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disbursen 2014	nent For: Primary X General Other (specify) ▶
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Alice K Salazar		10 24 2014
Mailing Address 605 W Houston St	An	nount
City Sta	ate Zip Code	56.10
		nsaction ID: 895a773d-62ac-43ac-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 / 24 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Mary L Landrieu	∑ Oppose	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	208652.63 Disburser 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures		146.10
(b) SUBTOTAL of Unitemized Independent Expenditures	••••••••••••••••••••••••••••••••••••••	4 4
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 10	25 2014
Signature		

PAGE 114

OF

Schedule E)	NDENT EXTEND	TOTILO		PAGE 115 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 🔀 24-hour report 🗌 48-hour rep	ort New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Joshua D Syrotchen			M = M /	Distribution/Dissemination
Mailing Address 915 East Market Ave			10 Amount	24 2014
City	State	Zip Code		70.00
Searcy	AR	72149		: e190b614-7efc-41d9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	1	97482.92	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee Joshua D Syrotchen			Date of Public	Distribution/Dissemination
Mailing Address 915 East Market Ave			10 Amount	24 2014
			Amount	
City Searcy	State AR	Zip Code 72149		62.70 : dbf06067-4c19-4794-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disburs	sement or Obligation 24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	_	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	132.70
(b) SUBTOTAL of Unitemized Independent	Expenditures			
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25	2014

Schedule E)	IN EXIEND	ITORES	PAGE 116 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination
•			10 24 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID : 3e95f9c9-17df-44b7-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	11	057773.12	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			10 24 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID: 57a2740c-ab38-45d5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		100.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(a) activities of clinicinized macpoinds in Expo.			
(c) TOTAL Independent Expenditures			>
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	EXI END	TOTILO				PAGE 117 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FFC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC						C00530766
Check if 24-hour report 48-hour report	X New repo	ort Ame	ends repo	rt filed on	M	/ D = D / Y = Y = Y
Full Name of Payee Aaron R Cowart					1 M	c Distribution/Dissemination
Mailing Address 184 South Military Rd				Amou	10 nt	24 2014
City	State	Zip Code				70.00
Slidell	LA	70458				ID: bfc068e1-2cd4-4a31-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		10 ^M	24 2014
Name of Federal Candidate		S	Support	Office Sough	nt:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	08652.63		Disbursemer 2014		Primary
Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Aaron R Cowart				Г	10	24 2014
Mailing Address 184 South Military Rd				Amou	-	
City	State	Zip Code				4.50
Slidell	LA	70458				D: db0f3812-05ee-4e6f-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		10 ^M	24 / 2014
Name of Federal Candidate			Support	Office Sough	nt:	House District: 00
Ms. Mary L Landrieu		X	Oppose	Presid	ent]	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	3	Disbursemer 2014		Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						74.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es					
					7	
(c) TOTAL Independent Expenditures				•	-	75
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	10	25	2014
Signature						

Schedule E)	TI EXI END	ITOTILO		PAGE 118 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeanne Tribou			10	24 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		80.00
Mandeville	LA	70471		D: 873d42f1-ef66-41e4-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Jeanne Tribou			10	24 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount	
City	State	Zip Code		17.40
Mandeville	LA	70471		: d28b6fad-3d29-4684-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	208652.63	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			97.40
(a) SOSTOTAL OF ROMESCO INDEPENDENT EXPONDING				37.40
(b) SUBTOTAL of Unitemized Independent Expend	itures)	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 25	2014
•				

Schedule E)	ENT EXICID	ITOTILO	—	AGE 119 OF 144 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Tammay Williams			M = M /	Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amount	24 2014
City	State	Zip Code		40.00
New Orleans	LA	70116		: e4839b3b-175d-4336-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,	208652.63	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Tammay Williams			10	24 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		15.00
New Orleans	LA	70116		59412cea-9e53-4dec-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		208652.63	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			55.00
(b) SUBTOTAL of Unitemized Independent Exp.	enditures			
.,			4	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 / 25	2014
J				

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Antoinette Franklin	10 24 2014
Mailing Address 8822 Apple St Amo	ount
City State Zip Code	40.00
New Orleans LA 70188 Tran	nsaction ID: e10c2040-6a78-4a9a-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 10 / 24 / Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014 Disburseme	ent For: Primary ⊠ General Other (specify) ▶
	e of Public Distribution/Dissemination
Mailing Address 8822 Apple St Amo	10 24 2014
City State Zip Code	15.00
	saction ID : 935f0154-15f5-4f82-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	ident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Z Y Z Y Z Z Z Z Z Z Z Z
Signature	

PAGE 120

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Joseph R English	10 24 Y 2014
	Mailing Address 915 East Market Ave Apt 4	Amount
	City State Zip Code	80.00
	Searcy AR 72143	Transaction ID : c2a011e8-8dd5-437d-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 197482.92 Disbut 2014	rrsement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee Joseph R English	Date of Public Distribution/Dissemination
	Mailing Address 915 East Market Ave Apt 4	10 24 2014 Amount
	City State Zip Code	57.00
	Searcy AR 72143	Transaction ID: ea5d08d1-e942-4eda-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 24 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	137.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	0 25 2014
	Signature	

PAGE 121

OF

Schedule E)	OTT OF INDEPENDE	INI EXI END	ITOTILO		PAGE 122 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
Check if 24-hour re	eport 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payer Christine Ste				Date	of Public Distribution/Dissemination
Mailing Address 10	0 Asbury Ct			Amo	10 24 2014 unt
O:h.		Otata	Zin Codo		00.00
City Winchester		State VA	Zip Code 22602		80.00 saction ID: b8191764-96b9-48b6-8 of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001		10 / 24 / 2014
Name of Federal C	andidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman			X Oppose	Presid	I/C
Calendar Year- Per Election fo	To-Date r Office Sought	7	181022.53	Disburseme	ent For:
Full Name of Payer				Date	of Public Distribution/Dissemination
Jazmine d Co	nner				10 24 2014
Mailing Address	100 ASBURY CT			Amo	ount
City		State	Zip Code	-	70.00
WINCHESTER		VA	22602		saction ID: 8a70d6fd-b5dc-4b65-a of Disbursement or Obligation
Purpose of Expend Salary	iture		Category/ Type 001		10 / 24 / 2014
Name of Federal C	andidate		Support	Office Soug	ght: House District: 00
Mr. Greg Orman			X Oppose	Presi	
Calendar Year- Per Election fo	To-Date or Office Sought	7 7	181022.53	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of It	emized Independent Expenditu	ıres			150.00
(b) SUBTOTAL of U	nitemized Independent Expend	ditures			7 1 1 7 1 7 1
(2) 332131112 31 3	michinzad macpondoni Expons				
(c) TOTAL Independ	lent Expenditures			· ·	4
with, or at the reques		date or authorized			cooperation, consultation, or concert f the reporting entity is not a political
Ms. Emi	ly Buchanan	[Electron	ically Filed] Date	e 10	25 / 2014
ga.a.					

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination
		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30217 Crook Rd		Amount
City	State Zip Code	58.00
Giovolana		Transaction ID : 7c6007f9-ed3b-405c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:00
Mr. Greg Orman	Oppose F	President State: KS
Calendar Year-To-Date Per Election for Office Sought	181022.53 Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee Aaron L Watson Mailing Address 30217 Crook Rd		Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
011	7.0	0000
1 '		36.90 Transaction ID : 1fc6fa01-529b-4a30-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation 10 24 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Mr. Greg Orman	∑ Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	181022.53 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	>	94.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	·····	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either,	
Ms. Emily Buchanan	[Electronically Filed] Date 10	w / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

PAGE 123

OF

Schedule E)	VI EXI END	ITOTILO		PAGE 124 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Jon E Conner			M	10 24 7 2014
Mailing Address 100 Asbury Ct			Amour	nt
City	State	Zip Code	- [70.00
Winchester	VA	22602		action ID : 0d6a7d94-8270-459a-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	10 24 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Greg Orman		X Oppose	Preside	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 7	181022.53	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Rodney O Culbreath			М	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amou	nt
City	State	Zip Code		80.00
Winchester	VA	22602		ction ID: d64711b5-811f-45eb-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	10 24 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Mr. Greg Orman		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	181022.53	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			150.00
			· 🗀	7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	10 /	25 2014
Signaturo				

	Tieddie E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Rodney D Culbreth	10 24 2014
	Mailing Address 100 Asbury CT	Amount
-	3200 Dam Neck Rd City State Zip Code	75.00
	Winchester VA 22602	Transaction ID: 99f283d7-a959-488a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 2014
f	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General Other (specify) ▶
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Rze Culbreath	10 24 2014
-	Mailing Address 100 Asbury Ct	Amount
ŀ	City State Zip Code	75.00
	Winchester VA 22602	Transaction ID : b7b908b6-b6f0-4883-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 / 24 / 2014
ŀ	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President Senate State: KS
		ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Signature	

PAGE 125

OF

	~ _ /		FOR SE C	F FORM 24/48
	COMMITTEE (In Full)	FE	CIDENTIFICAT	ON NUMBER ▼
vvome	n Speak Out PAC	С	C00530766	
Check if	24-hour report 48-hour report New report Amends report filed on	M = M	/ D = D	Y Y Y Y Y
		e of P	ublic Distributio	n/Dissemination
	shauna M Stevens	10	/ D D D 24	2014
Mailin	g Address 1703 Torrey Pines Ct Am	ount		
City	State Zip Code			50.00
Resto	n VA 20190 Tra		on ID : b4b297	40-6b9a-45ad-b
Purpo Salar	se of Expenditure	10	_	2014
Name	of Federal Candidate Support Office Sou	ght:	House	District:00
Mr. G	red Orman	ident	X Senate	State: KS
	alendar Year-To-Date er Election for Office Sought Disbursem 2014		r: Primar	ry X General
	ame of Payee Date and Wheeler		ublic Distributio	n/Dissemination
Mailin	g Address 10112 Piney Creek Ct	10	24	2014
	Am	ount		
City	State Zip Code			80.00
Char			n ID : 7e965e0 hisbursement or	
Purpo Salai	se of Expenditure Category/ Type 001	10	/ 24	2014
Name	of Federal Candidate Support Office Sou	ight:	House	District: 00
Mr. M	ark L Pryor Oppose Pres	sident	X Senate	State: AR
	Disbursem 2014 Disbursem 2014		or: Prima (specify) ►	ry X General
(a) SU	BTOTAL of Itemized Independent Expenditures		7 7	130.00
(b) SU	BTOTAL of Unitemized Independent Expenditures		7	
(c) TO	TAL Independent Expenditures	_	7	
with, or	penalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or example any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 10		25 / Y Y	014
Sigr	ature			

PAGE 126

OF

Schedule E)	DENT EXTEND	ITORES		PAGE 127 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Brandon Wheeler				Distribution/Dissemination
Mailing Address 10112 Piney Creek Ct			10	24 / 2014
10112 Piney Creek Ct			Amount	
City	State	Zip Code		27.30
Charolette	NC	28215		: 699e99f0-fe49-47de-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Danielle McCoy			10	24 / Y Y Y Y Y Y Y 2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		25.00
High Point	NC	27260		: a8abc52c-2ceb-4649-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursement For: [2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			52.30
(b) SUBTOTAL of Uniternized Independent Exp	penditures			
(,,				7 7
(c) TOTAL Independent Expenditures			•	79. 1 75. 1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25	2014
•				

Mailing Address 1025 Cayley Ct Mailing Address 1025 Cayley Ct		include Ly			FOR SE OF	FORM 24/48
Check if 24-hour report 48-hour report			I	FEC I	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement Date of Da	۷۱	romen speak Out PAC		С	C00530766	
Danielle McCoy Mailing Address 1025 Cayley Ct City State Zip Code High Point NC 27260 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mailing Address 4902 Catawba Dr City State Zip Code Figure Office Sought Calendar Year-To-Date Per Bection for Office Sought Calendar Year-To-Date Calendar Year-To-Date Purpose of Expenditure Sistary Calendar Year-To-Date Calendar Year-To-Date Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure Sistary Calendar Year-To-Date President Senate State: NC Date of Public Distribution/Dissemination To 24 2014 Amount City State Zip Code Transaction ID: 38ea5019-557-4017-8 Date of Public Distribution/Dissemination To 24 2014 Amount City State Zip Code Greensboro NC 27407 Furpose of Expenditure Solary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Primary Genera Calendar Year-To-Date Per Election for Office Sought 1057773.12 Disbursement For: Office Sought Office Sought Office Sought Transaction ID: 324 2014 Amount Amount Amount Amount City State State: NC Date of Public Distribution/Dissemination To 24 2014 Amount City State State: NC Date of Public Distribution/Dissemination To 324 2014 Amount City Calendar Year-To-Date President Senate State: NC Disbursement For: Deta President Senate State: NC Collegory Transaction ID: 38ea5019-557-550 Transaction ID: 38ea5019-557-550 Transaction ID: 38ea5019-557-550 Transaction ID: 38ea5019-	Ch	eck if 24-hour report 48-hour report New report Amends report filed		М	/ D D /	Y W Y W Y
Mailing Address 1025 Cayley Ct City State Zip Code High Point NC 27260 Purpose of Expenditure Mileage Category 002 Name of Federal Candidate Support Office Sought Senate State: NC President No Code President Senate State: NC President Mileage Category Office Sought Office Sough	٦		Date of	Publ	lic Distribution/	/Dissemination
City State Zip Code High Point NC 27280 Purpose of Expenditure Miseage		, and the second				2014
High Point NC 27260 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr City State Category/ Type Other (specify) Name of Federal Candidate NC 27407 Purpose of Expenditure Senate State: NC Other (specify) Mailing Address 4902 Catawba Dr Amount City State Category/ Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Mailing Address 4902 Catawba Dr Amount City State Category/ Opose Date of Public Distribution/Dissemination Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement or Obligation Transaction ID: 1ea337b6-0543-4489-b Disbursement For: Primary Category/ Option Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement or Obligation Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement For: Primary Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement For: Disbursement or Obligation Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement For: Disbursement or Obligation Transaction ID: 1ea337b6-0543-4489-b Date of Disbursement For: Disbur		Mailing Address 1025 Cayley Ct	Amoun	t		
High Point NC 27260 Purpose of Expenditure Mileage Category/ Day 002 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Malling Address 4902 Catawba Dr Name of Federal Candidate NC 27407 Purpose of Expenditure Category/ Other (specify) Malling Address 4902 Catawba Dr Name of Federal Candidate NC 27407 Purpose of Expenditure State Zip Code Greensboro NC 27407 Name of Federal Candidate NS State Zip Code Greensboro NC 27407 Name of Federal Candidate NS Support Office Sought Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate Name of Federal Candidate NS Support Office Sought Nopose President Senate State: NC Disbursement For: Primary Candidate State: NC Disbursement For: Primary Candidate State: NC Other (specify) Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politica party committee) any political party committee or its agent.		City State Zip Code				20.40
Purpose of Expenditure Mileage Name of Federal Candidate Support Office Sought: House District: 00						
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Eleanor McCoy Malling Address 4902 Catawba Dr City Greensboro Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 27407 Purpose of Expenditure Salary Category/ Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Ms. Kay Hagan Category/ Type Office Sought: House District. NC Transaction ID: Other (specify) ► Transaction ID: O		Mileage Category/ 002	M	M	/ D D /	Y . Y . Y . Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought President		Name of Federal Candidate Support Office	Sought:		House	District: 00
Per Election for Office Sought Full Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (c) TOTAL Independent Expenditures		Me Kay Hagan				State: NC
Full Name of Payee Eleanor McCoy Mailing Address 4902 Catawba Dr City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) rits agent.		4057770 40				General
Mailing Address 4902 Catawba Dr City State Zip Code Greensboro NC 27407 Purpose of Expenditure Salary Name of Federal Candidate Support Office Sought Senate State: NC Calendar Year-To-Date Per Election for Office Sought 1057773.12 (a) SUBTOTAL of Unitemized Independent Expenditures			Date of	f Pub	lic Distribution	
City State Zip Code 57.50 Greensboro NC 27407 Purpose of Expenditure Salary Category/ Type Office Sought: House District: 00 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Moiling Address				2014
Greensboro NC 27407 Transaction ID: 08ea5019-5557-4017-8 Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought 1057773.12 Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Elec		Widilling Address 4902 Catawba Dr	Amoun	t		
Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Topose Disbursement For: Primary General Candidate Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concern with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Category/ Type Ooffice Sought: House District: Oo Disbursement For: Primary Other (specify) 77.90 77.90 Total Independent Expenditures Total Category/ Type Ooffice Sought: House District: Oo Other (specify) Total Other (specify) Total Independent Expenditures Total Category/ Type Ooffice Sought: House District: Oo Other (specify) Total Other (specify)		City State Zip Code				57.50
Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			Transac Date of	tion f Disk	ID: 08ea5019 oursement or 0	-5557-4017-8 Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Salary Odlegory 001				
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought:	:	House	District:00
(a) SUBTOTAL of Itemized Independent Expenditures			_			NO
(c) TOTAL Independent Expenditures		1057770 10				General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.	-	1 1 7	77.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** **Concert with the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		(b) SUBTOTAL of Unitemized Independent Expenditures		-7		1 40
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** **Control of the reporting entity is not a political party committee or its agent.**		(c) TOTAL Independent Expenditures			- 42	
[El-stronically El-J]	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
		[El-+				
Signature		Dutc	<u>-</u>			

PAGE 128

OF

Schedule E)		TIONES	PAGE 129 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			10 24 7 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	21.60
Greensboro	NC	27407	Transaction ID : de63d4ce-02ad-493d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			10 24 2014
Mailing Address 8026 S Wilwood Dr Apt 101			Amount
City	State	Zip Code	20.00
Oak Creek	WI	53154	Transaction ID: b59c568d-b499-4c2a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	181022.53	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		41.60
(b) SUBTOTAL of Unitemized Independent Experi	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Nick Berryhill	10 24 2014
	Mailing Address 905 Lake Drive	Amount
	City State Zip Code	50.00
	Shelby NC 28152	Transaction ID: 7344bf52-714c-4b28-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbrace Disbrace 2014	
		Other (specify)
	Full Name of Payee Nick Berryhill	Date of Public Distribution/Dissemination
	Mailing Address 905 Lake Drive	10 24 2014 Amount
	City State Zip Code	8.25
	Shelby NC 28152	Transaction ID : 7ca17663-aa83-4d29-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	58.25
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		10 25 2014
	Signature	
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PAGE 130

OF

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ronald E Brown	10 24 2014
	Mailing Address 1211 Treaty Rd	Amount
	City State Zip Code	85.00
	Delphos KS 67436	Transaction ID : 76acc05c-4dc2-4871-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	404000 50	ursement For: Primary X General
	Per Election for Office Sought 181022.53 2014	Other (specify) ▶
	Full Name of Payee Ronald E Brown	Date of Public Distribution/Dissemination
	Mailing Address 1211 Treaty Rd	10 24 2014
		Amount
	City State Zip Code	8.10
	Delphos KS 67436	Transaction ID: be7056a4-c277-4b51-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	10 24 7 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: KS
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	93.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
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PAGE 131

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	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	LaVonna A Brown	10 24 2014
	Mailing Address 1211 Treaty Rd	Amount
	City State Zip Code	85.00
	Delphos KS 67436	Transaction ID: 5fe0df67-6193-455a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	404000 50	ursement For: Primary X General
	Per Election for Office Sought 181022.53 2014	Other (specify) ▶
	Full Name of Payee Anthony W Stevens	Date of Public Distribution/Dissemination
	Mailing Address 3405 German Shepherd Trail	10 24 2014
	Mailing Address 3405 German Shepherd Trail	Amount
	City State Zip Code	17.00
	Wake Forest NC 27587	Transaction ID: 7fa451d0-4d33-49cf-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	102.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		0 25 2014
	Signature	للنتا لنا ك

PAGE 132

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Schedule E)	ENT EXILID	II OILO		PAGE 133 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Anthony W Stevens				10 24 2014
Mailing Address 3405 German Shepherd Trail			Amor	unt
City	State	Zip Code		5.40
Wake Forest	NC	27587		saction ID: 83bb9af3-d14d-48a7-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002] [10 / 24 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	057773.12	Disburseme 2014	nt For:
Full Name of Payee Amelia Brackett			Date	of Public Distribution/Dissemination
				10 24 2014
Mailing Address 804 Roundabout Circle			Amo	unt
City	State	Zip Code	—Г	35.00
Searcy	AR	72143		action ID: a6d953f5-18b3-4f8c-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M 10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expendent	litures			40.40
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	4 4
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the indeprivation of at the request or suggestion of, any car party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Floatron	nically Filed] Date	M M /	25 2014
Signature	LEIGUION	ncauy Fueaj Date	10	25 2014

Schedule E)	THE THE THE	PAGE 134 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination
Mailing Address 2121 Daniel Dr		10242014Amount
City State	z Zip Code	35.00
Searcy AR	72143	Transaction ID : 6bea91ab-896b-4d41-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	10 24 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	197482.92 Disl 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination 10 24 2014
Mailing Address 2121 Daniel Dr		Amount
City State	e Zip Code	45.90
Searcy AR	72143	Transaction ID : 12906531-b95e-497d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 24 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	197482.92 Dis 20°	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		80.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	10 25 2014
Signature	_	

Schedule E)		PAGE 135 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report fi	led on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Jake Mathews		10 24 2014
Mailing Address 6418 East 12 St		Amount
City State	Zip Code	20.00
Wichita KS	67206	Transaction ID: dcabb5c2-9657-424d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	10 / 24 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Jake Mathews		10 24 2014
Mailing Address 6418 East 12 St		Amount
City State	Zip Code	4.20
Wichita KS	67206	Transaction ID : bd268aee-8a7d-42c8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	10 24 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Mr. Greg Orman	X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		24.20
	•	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan Signature	[Electronically Filed] Date	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	VI EXI END	ITOTILO		PAGE 136 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Jennifer Cheever			Date of F	Public Distribution/Dissemination
Mailing Address 4545 S Gold			10	
			Amount	
City	State	Zip Code		25.00
Wichita	KS	67217		tion ID: e3332cce-2ef9-47b2-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		81022.53	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Jennifer Cheever			10	
Mailing Address 4545 S Gold			Amount	
City	State	Zip Code		4.50
Wichita	KS	67217		on ID: d879d820-4411-49e3-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 10	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	181022.53	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expenditu	res			29.50
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		· •	7 7 2
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		25 2014
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				FOR SE OF	FORM 24/48
	IE OF COMMITTEE (In Full)	F	EC II	DENTIFICATION	ON NUMBER ▼
VVC	omen Speak Out PAC		С	C00530766	
Chec	ck if X 24-hour report 48-hour report New report Amends report filed	on M	М	/ D D /	Y I Y I Y I Y
F	-ull Name of Payee	Date of	Publi	ic Distribution/	Dissemination
	Michael Terry		М 10	24	2014
	Mailing Address 936 S Cypress	Amount	t		
	City State Zip Code				25.00
- 1	Wichita KS 67207			ID: e297829f ursement or C	-dc86-4181-a
	Purpose of Expenditure Salary Category/ Type 001	M	10	24	2014
ī	Name of Federal Candidate Support Office	Sought:		House	District:00
	Mr. Greg Orman	Presider		Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement Oth		Primary	General
h	Full Name of Payee				/Dissemination
	Marilyn Galliardt	M	M 10	/ DISTIBUTION,	2014
	Mailing Address 410 Wedgewood Ct	Amoun	_		
-	City State Zip Code	Γ.			80.00
	,			D: 15e130fa-	
	Purpose of Expenditure Salary Category/ Type 001	M	0 M	24	2014
	Name of Federal Candidate Support Office	Sought:		House	District: 00
	Mr. Greg Orman Oppose	Presider	nt]	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	General
(a	substotal of Itemized Independent Expenditures				105.00
(b	s) SUBTOTAL of Unitemized Independent Expenditures			1 1 4	
(с	e) TOTAL Independent Expenditures				
Wi	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 10	0 / I	25	/ Y Y 201	4
	Signature				

PAGE 137

OF

Soficadic L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Marilyn Galliardt	10 24 2014
Mailing Address 410 Wedgewood Ct Am	ount
City State Zip Code	26.10
Hesston KS 67062 Tra	insaction ID : 0d30e99b-e2c7-41ca-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Dat Molly K Williams	te of Public Distribution/Dissemination
Mailing Address 9419 NE Hwy 69	10 23 2014 nount
City State Zip Code	25.00
	nsaction ID: 6095f68a-8b00-4e2e-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 23 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident State: KS
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	/ 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 138

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Molly K Williams	10 23 2014
Mailing Address 9419 NE Hwy 69	Amount
City State Zip Code	12.60
Pittsburg KS 66762	Transaction ID : a8c16d9f-c438-4015-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 23 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought Dist 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
Mailing Address 2357 Fancy Cap Rd	10 24 2014 Amount
City State Zip Code	50.00
Mt. Airy NC 27030	Transaction ID : a1db00e6-f60c-4f3d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 24 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	62.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	10 25 2014
Signature	

PAGE 139

OF

Schedule E)	JENT EXPEND	HONES		PAGE 140 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Ms. Tonya Boyd			10 M	24 2014
Mailing Address 2357 Fancy Cap Rd			Amount	
City	State	Zip Code		12.24
Mt. Airy	NC	27030		ID: 39ea764a-5988-49e4-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	10	24 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	057773.12	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Michael Chinchar			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr			Amount	
City	State	Zip Code		70.00
Conway	AR	72034		D: 2469e8ce-19cb-4c3f-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	10	21 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		197482.92	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
() au				
(a) SUBTOTAL of Itemized Independent Exper	naitures		. •	82.24
(b) SUBTOTAL of Unitemized Independent Ex	penditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	10 / 25	2014

Schedule E)				PAGE 141 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Michael Chinchar				of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr			Amou	10 21 2014 nt
City	State	Zip Code		9.00
Conway	AR	72034		action ID : c5332cb3-d51d-44be-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		10 21 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	ent State: AR
Calendar Year-To-Date Per Election for Office Sought	. 1	97482.92	Disbursemer 2014	tt For:
Full Name of Payee Randy M Gold				of Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr			Amou	10 24 2014 ant
City	State	Zip Code	— r	5.00
Elgin	SC	29045		action ID: 24834a76-c07e-4292-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 24 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	197482.92	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	\$			14.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	, M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Randy M Gold	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr	nount
City State Zip Code	2.10
Elgin SC 29045 Tra	ansaction ID : b872c4e0-6144-481e-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Da Kaleigh J Wagner	te of Public Distribution/Dissemination
Mailing Address	10 24 2014
Mailing Address 18065 Wayne Rd	nount
City State Zip Code	5.00
Da	nsaction ID: c7486577-ddd1-42f7-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	10 24 7 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	7.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y 25 2014
Signature	

PAGE 142

OF

					FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	K Out PAC				C C00530766
Check if X 24-hou	r report 48-hour	report New repo	ort Amends re	port filed on	M = M / D = D / Y = Y = Y
Full Name of Pay				Date	e of Public Distribution/Dissemination
Gloria L Mo					10 24 Y 2014
Mailing Address	1505 Dills Creek Lane			Amo	punt
City		State	Zip Code		10.00
Morehead		NC	28557		nsaction ID : 2d896b29-8253-4807-b e of Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 00		M M / D D / Y Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
Name of Federal	Candidate		Support	Office Soug	ght: House District: 00
Ms. Kay Hagan			X Oppose	Presi	NC NC
Calendar Ye Per Election	ar-To-Date for Office Sought	10	57773.12	Disburseme	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Pa	/66				e of Public Distribution/Dissemination
Shirley R G	adstone			Date	10 24 2014
Mailing Address	619 W 51st Street So	uth		Amo	
City		State	Zip Code		30.00
Wichita		KS	67217		saction ID : a20e629b-3c3c-4423-b e of Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 00		10 24 7 2014
Name of Federa	Candidate		Support	Office Soug	ght: House District: 00
Mr. Greg Orman			X Oppose		ident Senate State: KS
Calendar Ye Per Election	ar-To-Date for Office Sought	, , , ,	181022.53	Disburseme 2014	ent For:
(a) SUBTOTAL of	Itemized Independent	Expenditures			40.00
(b) SUBTOTAL of	Unitemized Independen	nt Expenditures			
(c) TOTAL Indepe	endent Expenditures			···· \	4 4
with, or at the req		ny candidate or authorized			cooperation, consultation, or concert if the reporting entity is not a political
Ms. E	mily Buchanan	[Electroni	cally Filed] Da	ate 10	25 2014
Signature					

PAGE 143

OF

Scl	hedule E)	71101120		PAGE 144 OF 144 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FE	C IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	
Che	ck if 🔀 24-hour report 🗌 48-hour report 🔀 New rep	port Amends repo	ort filed on	W / D = D / Y = Y = Y
T	Full Name of Payee Shirley R Gladstone		M	
-	Mailing Address 619 W 51st Street South		Amount	24 2014
-	City State	Zip Code		5.70
	Wichita KS	67217		ion ID : f68f8e59-73eb-459a-a Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M - N	M / D D / Y Y Y
┟	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Greg Orman	X Oppose	President	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought	181022.53	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
	Full Name of Payee Mitch L Holmes		M = 1	
-	Mailing Address 211 SE 20th Ave		Amount	24 2014
-	City State	Zip Code	- $ $ $ -$	59.10
	St John KS	67576		on ID : df74e351-1cbf-4265-a Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	10	
	Name of Federal Candidate	Support	Office Sought:	House District:00
	Ms. Kay Hagan	Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1057773.12	Disbursement For 2014 Othe	or: Primary X General or (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures		▶	64.80
(I	b) SUBTOTAL of Unitemized Independent Expenditures		-	7 7
(0	c) TOTAL Independent Expenditures		· ·	10319.91
W	Inder penalty of perjury I certify that the independent expenditure vith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		onically Filed] Date		25 2014
	Signature			